

***AN INVESTIGATION INTO THE EFFECTS OF A
CHILD CARE INTERVENTION STRATEGY KNOWN
AS COMMUNITY MOTIVATORS IN TWO SITES IN
THE CAPE TOWN AREA.***

Priscilla Mary Newman

DEPARTMENT OF SOCIAL ANTHROPOLOGY

UNIVERSITY OF CAPE TOWN

ADVISOR: PROFESSOR JOHN SHARP

1996

**Submitted in partial fulfilment of the degree of Master of Arts in
Social Anthropology.**



The copyright of this thesis vests in the author. No quotation from it or information derived from it is to be published without full acknowledgement of the source. The thesis is to be used for private study or non-commercial research purposes only.

Published by the University of Cape Town (UCT) in terms of the non-exclusive license granted to UCT by the author.

ACKNOWLEDGEMENTS

I would like to express my sincere thanks to a number of people who have contributed to this report. To the Community Motivators, the Translation Assistants, the Clinic personnel, the Child caregivers and the NGO's working in the informal settlements of Samora Machel and Imizamo Yethu. I regret that in the interests of their personal safety I cannot name the individuals concerned.

I thank my advisor John Sharp for useful guidance at key points. My colleagues at ELRU Lumka Ndamase and Linda Biersteker took extra responsibilities to enable me to focus on this study for which I am very grateful.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS

ABSTRACT

SUMMARY	1
1. INTRODUCTION	4
2. THE STUDY	5
2.1 The Aim of the Study	5
2.2 Specific Objectives of the Study	5
2.3 The Research Question	6
2.4 Time Scale for the Study	6
3. THE LITERATURE REVIEW	6
4. THE COMMUNITY MOTIVATOR PROGRAMMES	9
4.1 Background Information	9
4.2 The Study Sites:	
Samora Machel	9
Imizamo Yethu	9
4.3 The Community Motivators:	
Samora Machel	10
Imizamo Yethu	11
4.4 The Translation Assistants:	
Samora Machel	11
Imizamo Yethu	12
5. STUDY SITE 1 : COMMUNITY MOTIVATOR PROGRAMME, SAMORA MACHEL	12
5.1 The socio-economic context	12
5.2 Aims and objectives of the Samora Machel Community Motivator Programme	13
5.3 The Research Question	14
5.4 Methodology	14
Selection of Informants	

	Target groups and sampling procedures	
	Data collection	
	Research design	
	Measures of validity and reliability	
5.5	Limitations of the Study	16
5.6	Summary of Findings	16
5.7	Details of Findings	18
6.	STUDY SITE 2: COMMUNITY MOTIVATOR PROGRAMME, IMIZAMO YETHU	29
6.1	The socio economic context	29
6.2	Aims and objectives of the Imizamo Yethu Community Motivator Programme	31
6.3	The Research Question	32
6.4	Methodology	32
	Selection of Informants	
	Target groups and sampling procedures	
	Data collection	
	Research design	
6.5	Limitations of the Study Measures of validity and reliability	34
6.6	Summary of Findings	34
6.7	Details of Findings	35
7.	CONCLUSIONS	46
8.	BIBLIOGRAPHY	51
9.	APPENDICES	
9.1	Planner for talks: Imizamo Yethu	57
9.2	Map and Photographs	58
9.3	Questionnaire	61

SUMMARY

This report is the result of an investigation into the effects of a small scale intervention strategy known as the Community Motivator (CM) Programme on the childraising practices of caregivers in two informal settlements in the Cape Town area. The Community Motivator Programme, initiated by the Early Learning Resource Unit(ELRU) seeks to integrate the fragmented service delivery that is occurring in communities where children in the age category birth to six years are at risk in terms of health, nutrition and psycho social development. The ideas for this type of intervention have been informed by developments world wide. Increasing child survival rates have brought new challenges with regard to development and from these concerns has come the need for integrated and innovative developmental approaches (Young, 1994, Morgan 1993, Myers 1992).

This small scale study has investigated the effects of the Community Motivator programme of work on childraising practices in the informal settlements of Samora Machel near Mitchells Plain and Imizamo Yethu in Hout Bay, Cape Town. The original intention was to develop a case study of the Community Motivator Programme in Samora Machel. An outbreak of tension and violence in the area led to postponement after two weeks. The study was then relocated to Imizamo Yethu in Hout Bay. It became apparent that useful comparisons could be made between the Community Motivator Programmes operating in each site and the study design was amended.

The Community Motivator Programme in Samora Machel was started in October 1993 and fieldwork covered the period July 31st - August 14th 1995. During this period the Community Motivator Programme was reaching out to eighty children and an estimated fifty child caregivers. Study methods included participant observation and ten informal interviews with child caregivers in ten homes, the 'food aid' playgroup and a childminding group. The focus was on the interaction of the Community Motivator with the child caregivers. A number of consultative local meetings were attended before, during and after the period of fieldwork.

In Imizamo Yethu the Community Motivator Programme started in July 1995. Fieldwork covered the the period November 6 - 30 1995. During this period the Community Motivator reached out to an estimated 56 caregivers and 65 children. Methods included participant observation, and informal interviews with sixteen child caregivers and a Participatory Rural Appraisal(PRA) Workshop. An in depth questionnaire (Appendix 3) was administered to twelve child caregivers, six who had attended the Community Motivator Programme of activities and six who had not. Observations focused on the interaction between the Community Motivator and the caregivers.

The findings indicated that the Community Motivator Programme is working but with considerable variation in the two different settings. Close proximity to a range of resources in Hout Bay placed Imizamo Yethu in a far better position regarding

incoming goods, services and job opportunities. Samora Machel was in a relatively isolated position and subject to repeated episodes of conflict and violence around the management of scarce resources. Changes in policy and programmes (Food Aid and funding) at other levels (State Departments and NGO's ¹) impacted directly on the Community Motivator Programmes in both places.

In both sites the Community Motivators were women in their mid forties, black and first language Xhosa speaking. In Samora Machel the Community Motivator was an insider selected by the SANCO² and ANC³ structures and in Imizamo Yethu the Community Motivator was an outsider selected by the NGO which employed her. There was more 'ownership' of the Community Motivator Programme in Samora Machel than in Imizamo Yethu where there was no direct involvement by SANCO, no 'Parents' Committee and the Community Motivator Programme was known as the 'Community Motivator's Programme'. The Community Motivator in Imizamo Yethu had a clear system for reportback locally and within her own organisation while the Community Motivator at Samora Machel was faced with a dysfunctional management structure which impeded the work. Paradoxically however, growth monitoring by the Department of Health (October 1995, August 1996) indicated that the children had gained weight.

The overall Community Motivator programme of work (time budgets) in both sites included a range of activities. The Community Motivator at Samora Machel spent extensive time at consultative meetings (legitimacy and mandates) and networking to access basic goods and services (clinic services, food aid, educational equipment). The Community Motivator at Imizamo Yethu inherited infrastructure and did not have to set it up. Regular information sessions (talks /discussion group/home visits) about early childhood development issues were occurring regularly at Imizamo Yethu and not at all in Samora Machel. The Community Motivator at Samora Machel had set up a regular system of support visits to the childminding groups and the playgroup where educational activities were provided. Both Community Motivator's had developed a system of record keeping.

In both Samora Machel and Imizamo Yethu the caregivers were the mothers of the children but they were not the sole caregivers. The majority of caregivers had children under the age of five years living with them and other children (usually aged six years or older) living in rural areas or in other parts of Cape Town - most often with members of their extended family. The women kept in some contact with the children but no visiting had occurred in the last six months owing to lack of money. The women had low levels of education, had no schooling or had reached Standard Two. Very few women had reached Standard Six. Unemployment was

¹ Non Governmental Organisations (NGO)

² South African National Civic Organisation (SANCO)

³ African National Congress (ANC)

widespread and household income was seldom constant. Caregivers daily activities included household chores (collecting water and wood in Samora Machel), childcare (reciprocal) and income generating activities (such as selling sheeps head, selling traditional beer in Samora Machel and regular beer in Imizamo Yethu). These activities precluded 'volunteer' involvement in the playgroup at Samora Machel. At Imizamo Yethu the incentives such as free milk and the time factor (two hours a week) attracted caregivers to the discussion group and attendance levels remained high. The clinic sister at Imizamo Yethu reported high levels of alcoholism. Women sought protection and security in their relationships with men yet they reported high levels of physical abuse perpetrated by men in the presence of children

The caregivers spoke in support of the Community Motivator Programme in both places. In Samora Machel the Community Motivator was credited with managing Food Aid, improving aspects of health delivery and setting up the childminding group. Caregivers indicated awareness of political problems impeding the work. In Imizamo Yethu the emphasis was on the incentives and the child care information they had received. Women in Imizamo Yethu described the Community Motivator as 'one of us' (she is an outsider). Women reported as gains 'making friends, being part of a group' and 'gaining self confidence'. Recognition of their own role as 'the child's teacher' and the use of songs and stories from their own childhood were mentioned most often. The six women interviewed with no knowledge of the Community Motivator Programme reported feelings of isolation and lack of confidence. All the women expressed interest in attending the programme if they could get permission (from their boyfriend/husband). All the women were concerned to improve their skills and get jobs.

This small scale 'bottom up' study has highlighted certain realities in line with findings elsewhere (Mackenzie, 1995; Segar & White, 1993; Wa Mbugua, 1993). Child raising in both Samora Machel and Imizamo Yethu does not necessarily occur in a 'family' structure (as in the nuclear family of mother, father and children) and households are not bounded categories. The implications for early childhood development policy and programme implementation should not be overlooked. For example, child maintenance grants (presently issued only to the child's parent) require flexible management in response to local needs. Childcare in both Samora Machel and Imizamo Yethu reinforced women's reproductive roles but the Community Motivator's interventions indicated that a focus on child care information and services can strengthen women's knowledge and skills. The implications of this empowerment were apparent in both situations where women who were involved with the Community Motivator Programme indicated their increased confidence to engage with more than child care issues. The links between the work on the ground and changes elsewhere need to be illuminated. Changes in policy at international, national and provincial government level can have life threatening consequences for Community Motivators on the ground (Food Aid in Samora Machel). Further studies of this nature are required in order to investigate the Community Motivator Programme at other sites in order to create

an ongoing interactive and reflexive relationship between policy and programme implementation.

1. INTRODUCTION

This report has been commissioned by the Early Learning Resource Unit (ELRU). ELRU is a non governmental privately funded organisation which undertakes research and non formal adult training programmes in early childhood development. In 1993 the researcher was approached by ELRU to develop and assess the impact and effectiveness of an intervention strategy known as the Community Motivator Programme.

The Community Motivator Programme is a strategy designed to reach children who are unreached by childcare services as presently constituted. The Programme seeks to address the problem of fragmented service provision by finding ways to integrate health, nutrition and education around the needs of children and their families.

The first phase in 1994 involved developing a funding proposal, finding donor/s, setting up a team of people from ELRU to work on this project. The next step was to network with other organisations and individuals doing similar work in South Africa and elsewhere in order to identify a group of inter-sectoral para-professional and professional people (health, nutrition, early childhood development, academics) to assist with identifying the aims and objectives of the Programme. A training programme⁴ for Community Motivators was established and Community Motivator Programmes are currently at different stages of development in parts of both South Africa and Zimbabwe.

The pre-planning phase of this Programme was completed in March 1996 and the implementation phase will span the period April 1996 - September 1998. Case studies drawn from this report will be presented at an ELRU Seminar in February 1997 designed to draw attention to this and similar models⁵ attempting to improve the outreach to more children. Representatives from government departments (including Health, Welfare, Education and Agriculture), non-governmental organisations (NGO's) in the early childhood development field, and caregiver representatives will be invited to attend. The Seminar report will be widely disseminated in order to strengthen advocacy campaigns around the needs of children and families.

4. Seventy one participants from Non Governmental Organisations (NGO's) and Community Based Organisations (CBO's) in South Africa and Zimbabwe have attended the ELRU Community Motivator Training programme (Oct, 1995)

5. The Department of Social Welfare includes intervention strategies such as Community Motivators in recent policy documents (June, 1995).

The Study sites

The Community Motivator project at Samora Machel informal settlement near Mitchells Plain in Cape Town (Study Site 1) was to have been the focus of this study. The Samora Machel Community Motivator project is administered by the local Parents Committee and the Community Motivator was resident in the community, selected to her position via a local process. The study had to be postponed in mid-September 1995 owing to the build up of tension and an outbreak of violence (a man was shot and the Community Motivator's house was later burned down) related to the relocation of the people and their shacks to site and service facilities nearby. Another organisation, CARE⁶ was then approached and gave permission for the study to focus on the Community Motivator project at Imizamo Yethu informal settlement in Hout Bay (Study Site 2) which is run under their auspices. The Community Motivator was trained at ELRU and is not resident in the community. There was no local process involved in her selection. The work of the Community Motivators at these two sites has provided some useful indicators for comparison and assessment which are considered in this report.

2. THE STUDY

2.1 The Aim of the Study

The aim of this study was to investigate the extent to which the target group of the child caregivers were aware of and have responded to the Community Motivator intervention programme.

2.2 Specific Objectives

The specific objectives of this study were to:

- * document how the Community Motivator Programme is working in practice and how the caregivers regard the programme;
- * provide demographic data about a small sample of the child's main caregivers: household income, parental education and occupations;
- * briefly describe child care arrangements in relation to the child's age, the child's place of residence, child health and education activities; and

⁶ Fictitious names have been used to protect the identity of all informants and organisations in the Community Motivator Programme study except for ELRU who commissioned the report.

- * make recommendations for further investigations.

2.3 The Research Question

The point of departure was the role of the community development worker known as the Community Motivator. What was the effect of the Community Motivators on family/household based child raising strategies, was this a positive intervention?

2.4 Time scale for the study as a whole:

1995	March:	Development of the Proposal
	June:	Community entry process : <i>Samora Machel</i>
	September:	Data collection
		Postponement
	October:	Planning phase: <i>Imizamo Yethu</i>
		Community entry process
	November:	Data collection
1996	January:	Field report 1
	February:	Field report 2
		Analysis of information
	March:	Final report

3. THE LITERATURE REVIEW

The references quoted in this section are included in the Bibliography and have been used to establish the conceptual foundations of this study to some extent.

Early Childhood Development (ECD) covers the period from birth to 9 years. Child development has been defined as 'a process of change in which a child learns to handle ever more difficult levels of moving, thinking, feeling and relating to others' (Myers, 1992). The debates in ECD have shifted dramatically in recent years. (Young 1994, Myers 1992). A number of studies have shown conclusively that the early years (birth to 6 years) are the critical stage in human development, that certain brain maturation and the establishment of basic cognitive functioning are established before the age of three years (Young 1994, Myers 1992). Research carried out in a variety of settings in South Africa and elsewhere (including home/family based and centre based childcare) has identified a range of positive benefits that accrue from ECD programmes. Later school achievement, increased economic productivity, reduction in social and economic inequalities, strengthened social and moral values, social mobilisation and community development are among the benefits claimed (Young 1994, Padayachie et al 1994, NEPI 1992, Myers, 1992, Short & Biersteker 1984). These studies have also drawn attention to the holistic nature of child growth and development. Pollit has argued (Richter, 1994) that 'children's health issues (concurrent illnesses and poor nutrition) need to be

addressed as part of 'an overall educational intervention'. The continuum from birth to nine years requires the integration of health, nutrition, child safety and early education services in the context of the child, the family, the community and other societal institutions.

A shift has occurred therefore from the question 'what systematic evidence is required about the importance of the early years in human development', to the question 'how should this be achieved?'. Increasing survival rates mean that more children today than ever before are growing up in environments characterized by such poor socio-economic conditions that they face a bleak future as unhealthy undeveloped third rate citizens lacking skills. Governments are under pressure to invest in the development of human capital. In order to address the question 'how', Myers (1992) has documented a number of programme models concerned with wide scale delivery that are in operation in different parts of the world. These models attempt to counteract the legacy of fragmentation into health, nutrition and education that has compartmentalised services for children and families everywhere. Although there is great variation, each of these models has been developed in response to particular needs and circumstances in particular areas. The most successful appear to be those that are sufficiently integrative, flexible and able to adapt to local needs (child raising knowledge and practices) and where systems of monitoring and evaluation are in place from the outset. The tendency towards bureaucratization within large scale systems continues to create difficulties. For example investigations into implementation at the local level have often shown low levels of community participation despite the stated objectives (Young, 1995; Porter et al, 1991).

Children in the age category 0 - 18 years represent 44% of South Africa's population (UNICEF, 1993). There are an estimated 5,8 million children in the age category 0 - 6 years in South Africa of which ½ million children were considered 'reached' by private and state aided child care services (NEPI, 1992). High infant mortality rates, malnutrition and other childhood diseases and deficiencies attest to the widespread societal neglect of mainly black children and their families during the apartheid era (UNICEF, 1993; Jones 1993; Wilson & Ramphele 1989).

The United Nations Convention on the Rights of the Child was signed by President Nelson Mandela on the 16th June 1995 bringing South Africa into the community of nations who have signed the UN Convention. The Working Draft of the new Constitution for South Africa (3rd edition, published in January 1996) extends children's rights in Clause 27 of the Bill of Rights in recognition of the unique status and needs of children in South Africa. For the first time in our history, the protection and development of children in South Africa will be constitutionally enshrined. Clause 27 includes basic socio-economic rights such as the child's right to basic nutrition, health, housing and social services. The implications of the children's rights focus is presently in the early stages of negotiation at National and Provincial government level (Programme of Action, Department of Health 1995). NGO's and social service agencies are searching for models which will

address the present state of fragmented service provision for children.

Discourses from Social Anthropology and Developmental Psychology in particular provide a useful challenge to some of the assumptions on which much of the work that informs policy around children and their families is usually based. For example studies in a variety of socio cultural and economic circumstances challenge the premise of family and household as bounded categories. Spiegel et al (1995) has argued that definitions of family and household which imply 'stable, nuclear families family-based households with regularised patterns of co-residence, commonality and income-pooling, as well as shared 'life -projects' or 'ideologies of purpose' require revision. Household definitions must encompass the elements of diversity and mobility, which people employ in order to survive and make use of both physical and human resources bearing in mind that '...there is no set of stages through which family structure, economic conditions, fertility, urbanisation and so on change together, in step and in the same direction (Guyer 1981:89; cited in Spiegel, 1995).

Other researchers have focused on the child in a number of different settings and this work points to the need for programmes which recognise the diversity, fragility and dysfunction that affects the lives of children on the one hand and elements of child resilience on the other (Reynolds 1989,1992). In his detailed investigation into the lives of children in the migrant worker hostels of Lwandle near Somerset West in the Cape, Jones (1993) has graphically drawn a picture of the fragmented lives of children caught up in the effects of labour migrancy and poverty. Children for whom the early childhood years were filled with flux, repeated separations, uncertainty and multiple caregivers. These and other studies have shown the importance of questioning assumptions such as 'the family' (implying the nuclear version of mother, father and children) and particular 'family based' child care arrangements as the basic unit for policy development and programme delivery in government agencies and NGO's.

Efforts to address situations of desperate need in South Africa and elsewhere are often thwarted by the difficulties that occur in the attempt to combine the forces of incoming resources to internal community dynamics. In the development literature time and again it becomes clear that under pressure to produce results and keep to clearly demarcated deadlines, development initiatives move inexorably ahead often completely bypassing the people for whom the assistance was intended (Ferguson: 1990). Community participation has been widely acknowledged to be a vital factor and yet it is apparent that many projects pay only lip service to that ideal (RDP, 1985).

Another issue in South Africa, particularly affecting women and children, is the dilemma of how to stretch resources to reach more children. A change in mind set is required to address 'quality' and certain set standards of what is acceptable practice (based largely on western, first world models of excellence) to recognition that progress is very difficult to measure, that it is sometimes found in the small

things that happen and that sometimes it does not appear to occur at all (Whisson, 1991; Solomon, 1996).

With these insights in mind, this report has sought to investigate the Community Motivator Programme in a holistic manner. Consideration has been given to the impact of the economic and socio-cultural context and the interaction between the Community Motivators and the child caregivers, touching on child caregiver-child interaction.

4. THE COMMUNITY MOTIVATOR PROGRAMME IN SAMORA MACHEL AND IMIZAMO YETHU

4.1 Background Information

The informal settlements of Cape Town share a particular history in that they were established as a direct result of government policies which excluded the legal domicile of many thousands of African people for many years under draconian laws which designated the Western Cape as a 'coloured labour preference area'⁷. These laws were finally repealed in 1985 and large numbers of people intent on escaping the desperate poverty and drought stricken circumstances in the rural areas then steadily moved onto available land and established squatter settlements which subsequently became known as informal settlements (recognition of housing backlogs mean the probable long term continuation of such settlements). Uprooted from the land, lacking skills for an urban existence and lacking education and skills meant that thousands of people found themselves marginalised yet again into situations of dire poverty.

4.2 The Study sites: Samora Machel and Imizamo Yethu.

This report documents the work of two Community Motivators in two different informal settlements near Cape Town and attempts to trace their interaction with the main caregivers of the children in the age category from birth to six years. The informal settlements of Samora Machel in the Philippi area and Imizamo Yethu in Hout Bay are situated in different parts of Cape Town. (See Map Appendix 2).

Consultation and Report back meetings

Consultative pre planning meetings with the political structures (SANCO⁸ and the ANC⁹) and the Parents Committee at Samora Machel, Philippi near Mitchells

⁷ The Eiselen Plan was repealed in 1985

⁸ South African National Civic Organisation (SANCO)

⁹ African National Congress

Plain began in mid June and permission was granted to begin the study. Fieldwork began on 31st July 1995, the first reportback meeting was held on August 6th and the study was postponed a week later owing to an outbreak of tension and violence related to the relocation of the shack dwellings to serviced sites nearby which had started in mid August. The researcher continued to attend meetings at Samora Machel in September.

In early November the study was relocated to Imizamo Yethu at Hout Bay in order to complete the field work within the required time period. Consultative meetings were held with SANCO and the NGO working in the area. Permission was granted and the study began on November 6th. The first reportback meeting in the community hall was planned for November 28th but was postponed by SANCO and will be rescheduled later.

Community Motivators are presently situated at both sites and where it has been possible to make comparisons between the two, these are included in the Conclusions.

4.3 The Community Motivators

Samora Machel

In Samora Machel the Community Motivator (CM) (a 40 year old black, Xhosa speaking woman) was located in the Samora Machel Children's Project which had been established as the result of a consultative process involving the political and civic structures and set in motion by SEEK¹⁰ (an ecumenical church organisation). The Community Motivator who lives in the settlement had been selected in 1994 by means of a local process. ELRU had supplied selection criteria on request. Criteria had included showing interest in setting up a Community Motivator programme to benefit children under six years and their caregivers, ability to speak and write basic Xhosa and English, willingness to work as a member of a team and attendance at the ELRU Community Motivator training programme. The Community Motivator was chosen from among three contenders at the Parents Committee meeting. This was later ratified by the South African National Civic Organisations (SANCO) and African National Congress (ANC) structures. The Parents Committee was responsible for the programme in consultation with SEEK. The Community Motivator programme area included eighty children and their caregivers. Of these children fifty were registered for the playgroup, thirty were registered for the childminding group and twenty children were living in ten homes. It was not possible to record the exact number of all the caregivers in the Community Motivator programme within the time period. The eighty children had been identified as the children in Samora Machel in the age group zero to six years who were in need of food aid (supplementary feeding). This task had been

¹⁰ Fictitious acronyms and names for all the informants have been used in order to protect the identity of people living and working in the study sites.

undertaken by the Community Motivator, in consultation with SEEK and SANCO. Food Aid from the National Nutrition and Social Development Programme (NNSDP) was then channelled through ELRU¹¹.

Imizamo Yethu

In Imizamo Yethu the Community Motivator (a 43 year old black Xhosa speaking woman) had been appointed by CARE¹², a social welfare agency working in the area. CARE administered the Community Motivator Programme with the approval of the local SANCO. No local selection process was involved and the Community Motivator was not resident in the settlement. The Community Motivator programme was located in CARE's Educare Department as an outreach project linked to the Educare Centre in Imizamo Yethu. The Community Motivator programme had been running for five months (July - October) before the study began in the first week of November 1995. She visited Imizamo Yethu three days a week. One morning was spent in the Clinic, one in the Orange House (discussion group) and the rest of the time was spent on home visits and networking around service delivery and referrals. She had not kept a systematic record of the number of people through the clinic talks, discussion groups and home visits before the study began.

4.4 Selection and Training of the Translation Assistants

Samora Machel

In Samora Machel the Translation Assistant was selected by the SANCO/ANC structure and the Parents Committee following the decision to allow ELRU to investigate the workings of the Community Motivator programme. ELRU had provided some criteria for selection on request. It was important that the Translation Assistant could speak and write basic Xhosa and English and that she was interested in participating in the assessment of the Community Motivator programme.

The Translation Assistant attended the Community Motivator training programme at ELRU for two weeks, 10 -21 July 1995. The researcher then spent a morning with her, and explained the nature of the study, drew diagrams for illustration and developed a work plan so that she would be available to assist with the home visits.

The TA worked voluntarily but fees for her attendance at the ELRU Community Motivator training programme were waived.

¹¹ ELRU was one of four early childhood development organisations in the Western Cape which were channelling food aid to children in need.

¹² Fictitious acronym

Imizamo Yethu

In Imizamo Yethu the Translation Assistant, was selected by the SANCO structure. The researcher met with her on November 6th 1995, drew diagrams to illustrate the project and together they developed a work plan. There was no Community Motivator training programme on offer at ELRU for her to attend so she was given on-the-spot guidance re assistance with the questionnaires. She accompanied the Community Motivator and the researcher on a number of the visits.

5. STUDY SITE 1: COMMUNITY MOTIVATOR PROGRAMME, SAMORA MACHEL

5.1 The socio-economic context

In July 1995 Samora Machel had an estimated population of twenty five thousand people and four hundred and fifty dwellings situated on a dumping site. Large lorries often drew up to dump builders rubbish on the site. Adults and children would sift through the rubbish to find reusable items for use or for sale. The site and service plans which were drawn up in August 1994 included seven hundred and fifty sites. In the period leading up to the first phase of relocation which began in late July 1995 shack dwellings were seen to spring up overnight causing considerable problems for the site engineers, the civic and political leaders and the more established members of Samora Machel. Prior to the relocation one thousand and four shack dwellings were counted.

The macro historical processes in South Africa (labour migration, the 'coloured labour preference' policy in the Western Cape¹³, and the restrictions on African housing and access to decent housing, social services, health and education) referred to in 4.1 continued to inform the present situation.

Some of the people living in this settlement benefitted from some kind of employment on the local Philippi farms (R60,00 per week for hours 6 am - 6 pm daily), but the vast majority of people were living within an informal but very active subsistence economy scratching out a living by engaging in a range of activities which included reprocessing and selling items from the dump such as the cleaning and selling of bricks, selling sheep's heads, making and selling traditional beer (uqombothi) and selling bundles of firewood. Before the relocation there were four taps in the area and sanitation depended on self built latrines and the bush. Large pools of stagnant water and flooding of the low level shacks in winter constituted a terrible health hazard. The shack dwellings were reasonably well spaced and some had been established for a number of years and consisted of outbuildings and some

13

The 'coloured labour preference' policy (Eiselen Plan 1955) became a reality in the 1960's and was abandoned in 1985 (Spiegel, 1995).

well tended gardens and yards. There were trees and grass, winding paths and small hillocks which provided a measure of privacy and places for children to play. Goats, chickens and a few cows were seen wandering about.

Relocation brought bulldozers which flattened the landscape into a vast sandy plain and immediately created a problem of sand storms in the prevailing south east winds of the Cape. Measures to hold down the sand with straw subsequently provided a small measure of relief. The dump gradually began to disappear. The Phase 1 sites include one pit latrine and a tap for four sites. Phase 2 which is planned for June 1996 will require another relocation to sites which will require further demolishing and rebuilding of homes and new neighbourhood arrangements. Each site will have a tap and a flush toilet and access to an electrical point.

According to the Site Engineers and the SANCO Chairperson there had been a wide 'community consultative process' (personal communication) around the issue of relocation. However, in the interviews conducted it was clear that most of the women had not been consulted, (they could not say if their men had been informed in any way) and they had burning questions to ask. A number of women expressed ambivalence about the move, interested to improve their living conditions, 'our houses are under water here in winter and the children get sick and they stay sick for a long time' (Mrs S A2) but questioning both their ability to pay for the new services and expressing worries about new neighbours. In an interview Mrs R (Samora Machel 4)¹⁴ described her concerns:

I don't know where we are going to be placed. Who will be my neighbour? I have lived with these neighbours for more than five years now, my children know them, we know each other. I'm afraid to live next door to people who will make problems for us, there is a lot of drinking and fighting here. It is not safe for the women and children.

And M (Samora Machel 8) asked:

How are we going to pay for the new place? Already I have children in Transkei that we do not support very well. We try to send money every month, R100, but there are many months when there is nothing to send.

5.2 The Aims, Objectives and Activities of the Samora Machel Community Motivator Programme

The Samora Machel Community Motivator Programme had started in February 1994 in cooperation with the community based organisation SEEK. The Community Motivator attended a training programme at ELRU in May 1994. There were no written aims and objectives (or a written job description). Earlier consultative meetings appeared to have identified the Community Motivator Programme focus.

¹⁴ Samora Machel 1-10 are the code numbers for the informal interviews conducted in Samora Machel.

The specific objectives were identified in discussion with the Community Motivator and included as follows:

- * to work together with members of the Parents Committee;
- * to improve local health service delivery and manage the food aid programme;
- * to network with churches and other organisations in the area to get donations such as the shipping containers, educational toys and equipment, clothing for needy children; and
- * to raise awareness about the needs of children 0 - 6 years, share information about how children grow and develop with the child caregivers and encourage them become involved in the Community Motivator Programme.

Implicit in these objectives was to provide support to women in their roles as caregivers and in their efforts towards generating income from activities from or outside the home and their involvement in local affairs.

5.3 The Research Question

The point of departure was the role of the community development worker known as the Community Motivator. What was the effect of the Community Motivators on family/household based child raising strategies, was this a positive intervention?

5.4 Methodology

Selection of informants

The study began at Samora Machel on 14th June 1995. Meetings were arranged with key players in order to get the required permissions, inform people about the intentions of the study and set up the parameters including participation in the investigation. Fieldwork started on July 31st 1995.

The informants included women caregivers with children in the Food Aid scheme, the Community Motivator herself, the health worker and a number of other people including the Chairperson of the Civic structure, the Chairperson of the African National Congress and the Site Engineer.

Target Group and Sampling procedure

The target group was the Community Motivator herself and the caregivers of children in the age category from birth to six years.

Ten child caregivers were selected on the basis of every third child's name in the attendance register as part of the pre planning phase. Two women were absent from their homes and were randomly replaced. Visits to all the estimated fifty caregivers of the eighty children in the 'Food Aid' playgroup were not completed owing to the postponement of the study. No control group was established in the time available.

Data collection

Ten informal interviews were completed in the first ten homes of caregivers who had children who were registered for the daily feeding scheme, the National Health and Social Development Programme (NNSDP). Observations of the interaction between the Community Motivator and the caregivers were made and recorded in brief notes.

The interviews were kept very simple and covered information about the child's birth date, position in the family, household density, parental/main child caregiver education and occupation, family income, child's residence, child health, child care activities and the caregiver's opinions about the Community Motivator programme.

The Community Motivator was asked to keep a daily diary of her activities to cover the period 31st July - 25th August 1995. Her diary entries were cross-checked against her actual activities by the researcher and the Translation Assistant. The researcher also kept a diary of activities.

Research design

The study set out to examine the following:

- * the Community Programme in operation, timing and activities. This was achieved by direct observation of the Community Motivator at work in the childminding group, the playgroup, in meetings and in the home visits (where the informal interviews were conducted). Observations of her interaction with the caregivers and the children were recorded at each venue. The Community Motivator was interviewed twice;
- * the circumstances of the caregivers and the children. During the first and second week informal interviews were conducted in the homes with ten caregivers of children who were registered in the Food Aid programme (not necessarily attending regularly);
- * contextual information was gathered from the Department of Health, the Site Engineers and Holistic Settlements an NGO working with the Site Engineers and the SANCO/ANC structures in the area around service (water and sanitation delivery).

Interviews were recorded during and after the visit. Each visit entailed a meeting with the Translation Assistant to clarify issues that had been raised and to include information from her perspective..

5.5 Limitations of the Study

Measures of validity and reliability

In mid-August 1995, the researcher was advised by the Community Motivator and the Translation Assistant that the relocation of shacks to the new site and service housing site (not anticipated to affect the study) had led to an outbreak of tension and violence. One man had been shot and killed and shots were heard at night on a regular basis. On 3rd September 1995, the Community Motivator's home was destroyed by fire and arson was suspected. She reported the matter to the police but no one was ever apprehended although she advised that she had a view as to who was responsible.

The sample size was intended to be greater once the pre-planning phase was completed. It was also intended that the research design include a comparison of caregivers who were involved with the Community Motivator Programme and those who were not. This did not occur at Samora Machel for the reasons stated above.

As a result this study does not have adequate measures of validity and reliability built in. However information from a variety of sources (informants, meetings, documents) and participant observation provided a useful crosscheck on the information from the informal interviews.

5.6 Summary of Findings¹⁵

1. The process of relocation of the people of Samora Machel to serviced sites ignored their precarious existence (dependence on the rubbish dump for subsistence activities) and their social concerns e.g new neighbours, payment for services, informal reciprocal child care arrangements and ability to support children living elsewhere.
2. The Community Motivator is a 40 year old black Xhosa speaking woman who lives in Samora Machel. The time budget indicated a large amount of time spent on consultative meetings (40%) (legitimacy and mandates) and networking(30%) (health, nutrition and educational goods and services which are desperately needed.) A playgroup (Food Aid and some educational activities around meal times) and a childminding group (Food Aid, hours 7 am to 3pm and educational activities had been established. There was very little sharing of information around how children grow and develop observed during the home visits.

¹⁵ Details of Findings are set out under paragraph 5.7

3. The Community Motivator had been instrumental in getting the health system to work better for the child caregivers and the children (clinic cards, appointment of a health worker, clinic information). Food Aid had made a difference to the children (growth monitoring records October 1994, February 1995). Recent stoppages were a setback.
4. The main child caregivers were mothers. The children in three households were in the care of an aunt, a grandmother and an uncle (mothers were in the rural areas). There were ten children under the age of three and six children under 6 years old. Two of the ten households were female headed. Household chores, childcare and income generating activities took up most of women's time and energy and inhibited their participation in the playgroup. Political factors were also mentioned.
5. Children. Seven out of the ten households had one to three children living elsewhere in the Eastern Province (Transkei) or in Cape Town with relatives. Some of the children had both parents in Cape Town and some of the children were the mother's children of an earlier relationship.

The concept of a 'family' as in the nuclear version of father, mother and children was not a relevant concept in these circumstances.

Fifteen "at risk" children under three years (registered for the Food Aid programme) formed a vulnerable group in that they were not regular attenders in the Food Aid playgroup.

6. A planned programme of early childhood educational activities was operating in the childminding group. The two childminders had received training.
7. Fathers of the children were living in seven out of the ten households. Men were the main payers for the children's medicines and clothing (and fees for school and childminding). The women seldom mentioned men in relation to child care and those that did expressed ambivalence about including men in what they appeared to regard as their domain.
8. Contest for control of the resources such as Food Aid, the converted shipping containers and educational equipment hampered the work. Endless meetings were required around legitimacy and mandates. The conflict had a negative effect on child caregiver participation in the 'Food Aid' playgroup.
9. Funding for the Community Motivator Programme had been short term, inconsistent and affected by changes in policy (Food Aid and other donors). The stop-start nature of the stipend for the Community Motivator was a cause of the mistrust, and conflict among the people. That money had a trickle down effect in that it went into the general bank account to be

shared with playgroup leaders and childminders.

10. Lack of management capacity (structure and functions) and political will (commitment to decisions made around the Community Motivator Plan of action) of the local SANCO/ANC structure and the Parent's Committee had inhibited the progress of the Community Motivator Programme at key points.
11. The Community based organisation, SEEK did not have a plan for capacity building at Samora Machel. The consultative process lacked boundaries and had taken precedence over the steps required to develop management capacity and a system for the evaluation of progress and problems.
12. The emphasis on partnership in the NGO/CBO¹⁶ world (in this instance SEEK and ELRU and ELRU and NNSDP) contributed to the confusion and tension in Samora Machel.
13. Changes in policy and programmes at national (international) government level (e.g NNSDP Food Aid) and in CBO and the NGO had a direct impact on the Community Motivator Programme.
14. The role and personality of the Community Motivator had ensured the survival of the programme in an ongoing conflictual situation. Factors such as her vision, motivation to do the job, commitment and determination to continue contribution. She had also become part of the polarization (SANCO/ANC/Parent's Committee) that had occurred.
15. The overlapping roles of the researcher (Coordinator of the Community Motivator Programme and the Food Aid Programme) could have been a contributing factor in the tension that arose associated with the control of resources before and at the start up of the relocation to site and service.

5.7 Details of Findings

- 1. The socio economic situation: some of the effects of the process of relocation to the new site and service scheme.*

Tension at Samora Machel was linked to socio-economic factors as reflected in the interviews. The re-location not only disturbed people's lives but threatened their livelihood. Where people had lived for years, in a particular place in a particular relationship with neighbours and the environment was obliterated, and they were being relocated in different relationships on a vast sandy plain. The effects of this move could have devastating consequences for the local economy. The

¹⁶ Non-Governmental Organisation (NGO) and Community Based Organisation (CBO)

destabilisation of both the physical and the psycho social environment had a direct impact on the Community Motivator Programme. The home of the Community Motivator was burned on September 4th which destroyed the food, kitchen equipment, toys and other materials used in the childminding groups.

2. *The Community Motivator Programme target group, the time budget and activities during the period of observation provided an insight into the workings of the programme.*

The National Health and Social Development Programme (NNSDP) Food Aid Scheme was channelled via ELRU. Of the eighty children, fifty were registered to attend the Food Aid playgroup and thirty children were registered in the childminding group. Fifteen of the fifty children were in the age category six - ten years and not attending primary school owing to problems of distance and danger (crossing the railway line and dense bush).

Attendance figures indicated a consistently poor attendance for the under three's at the playgroup (where the caregivers were expected to volunteer their assistance with feeding and educational activities.) Attendance at the childminding group was consistently high. Exact attendance figures were not available owing to inconsistent marking of the attendance register.

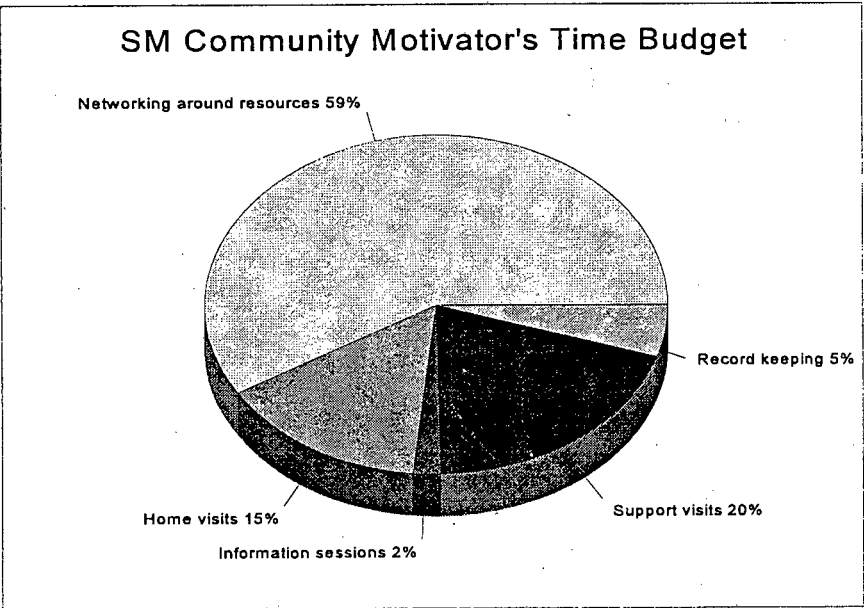


Table 1: The time budget and the Community Motivator's activities

The time budget was developed out of the observations and the interviews to

provide an indication of the way the Community Motivator's time tended to be spent. She was supposed to work four - six hours daily, thirty hours a week. The hours had been negotiated with SEEK, SANCO and the Parents Committee. The hours were flexible and designed to allow her time to see to her own household tasks in mitigation of her low and often intermittent earnings. In reality she worked many hours overtime because community meetings which she had to attend in her Community Motivator capacity and networking took up large chunks of time (58%) and unpaid overtime.

Her successful networking locally and further afield had brought in a range of donated educational equipment for the playgroup and the childminding group - including three converted shipping containers and a range of other items such as clothing for children and adults, educational toys and equipment such as small tables, chairs and office furniture. The Food Aid playgroup had been established but was stopped by the SANCO/ANC structure (refer point 17). The clinic service delivery had improved. All the children had clinic cards in the homes we visited.

Visits to homes (10 % time) in order to interact with the caregivers and their children that had occurred (other than during the interviews) were to encourage the caregivers to bring their children in regularly for the supplementary feeding. Information sharing about child growth and development occurred on an ad hoc rather than an organised basis. Caregivers were expected to provide volunteer assistance in the playgroup in exchange for the child's food and to receive information about child growth and development.

Support visits (13%) by the Community Motivator to the playgroup and the childminding group occurred every day. The playgroup was set up to function only around meal times but attempts were made to turn it into an educare centre. The four playgroup leaders had started out as volunteer caregivers (mothers of children attending the group). The CBO¹⁷ had sent them for training and then they demanded payment of their services from the CBO, the Community Motivator and ELRU. A small hourly rate was paid for a period out of incoming (irregular) funds. When these funds dried up tensions rose. The Community Motivator was accused of misappropriating money and food and Food Aid was suspended by the SANCO/ANC structure against the advice of the Parents Committee who had recently inherited control of the budget from the CBO, the NNSDP¹⁸ and ELRU. The tension effectively deterred the involvement of other caregivers as volunteers and attendance of desperately needy children dropped.

The childminding group operated from 7 am to 3 pm each day and some children stayed on for odd hours. The childminders were two mothers of children in the

¹⁷ The Community Based Organisation (CBO) (SEEK)

¹⁸ National Nutrition and Social Development Programme (NNSDP) which administered the government food aid programme.

group who had been trained in an informal training programme. The caregivers of the children were willing and able to pay a small fee for the service. Attendance at the childminding group was consistently high by both workers and children. Educational activities occurred on a daily basis.

Time spent on record keeping (5%) had resulted in an up to date inventory of equipment, a child register, the attendance register, cash book for food aid, food storage system and a record book of the daily activities at the playgroup and the childminding groups. These records were observed by the researcher but destroyed in the fire which destroyed the Community Motivator's home on September 3rd.

3. *The Community Motivator Programme had achieved some improvements in health service delivery and the food aid programme had meant improved child nutritional status despite the setbacks.*

The Community Motivator had been instrumental in getting the health system to work better for the Child Caregivers and the children (clinic cards, appointment of a health worker, clinic information). The Community Motivator's intervention had improved the interaction between the clinic service and the caregivers. Clinic operating hours and information around services provided had improved and clinic sisters expressed their willingness (personal communication) to visit in the settlement because the Community Motivator Programme offered a physical structure and support in the person of the Community Motivator. Food Aid had made a difference (growth monitoring records October 1994, February 1995). Recent stoppages were a setback.

The health status of the children had improved in that the Community Motivator had initiated the appointment and training of two health workers (Samora Machel residents) attached to a Health Care Organisation that operated in Browns Farm (an informal settlement nearby). Together they had waged a successful campaign around immunization and were confident that all resident children had clinic cards and were in the process of completing their immunizations.

A number of the caregivers mentioned that the efforts of the Community Motivator and the Parents Committee to improve the clinic service and bring it nearer had made a difference. Nurses had often been very rude to them in the past. They had felt badly treated because they were 'poor and suffering' and could not 'do the best for their children'. Clinic hours and programmes had not suited their needs. They had often travelled the distance to find changes had been made such as no immunizations on a particular day.

4. *Interaction between the Community Motivator and the caregivers was positive but there was a lack of early childhood development information, sharing of ideas around child growth etc.*

The Community Motivator's interaction with the caregivers was positive on a

number of indicators which included her manner, talking and sharing ideas, sense of humour, sensitivity and empathy towards the caregivers. She pointed out that most of the women led difficult lives, they worked very hard and long hours.

‘Some women are up early to get water and start the house and then they must walk miles to fetch wood, come back, feed the baby, do the washing etc. There are husbands who help but many leave it all to the women.’

There were however few signs observed of an input of child development information based on supporting the caregiver’s own knowledge and skills or taking an opportunity to point to an example of a child’s developmental progress.

5. *Mothers were the main caregivers of children under 6 years in Samora Machel.*

Mothers appeared to be the major caregivers of children under 6 years in Samora Machel. In three households the main caregivers were relatives in the absence of the mother. The women were concerned about the pending relocation, new social arrangements and getting income.

When asked to report what they had gained from the Community Motivator Programme the Caregivers reported that they had gained Food Aid and the childminding group. Four women mentioned education of children in the childminding group. These linkages had also helped the women to set up reciprocal child care arrangements which five out of the ten women were using to seek work, go to work, do piece work and undertake other income generating activities.

When asked about the non attendance of the under three year olds at the Food Aid playgroup the women reported long hours spent in household chores (such as fetching wood, water, washing clothes), child care and activities to make income. Activities included finding, cleaning and selling bricks and other usable items from the rubbish dump, selling firewood, cooking and selling sheeps heads, making and selling traditional beer. The Community Motivator reported that she had attempted to set up reciprocal neighbour groups around the child feeding but that these had broken down.

When asked about the problems with the Community Motivator Programme the caregivers expressed frustration that ‘jealousy makes people mistrust the Community Motivator’. Four out of six of the women noted that ‘SANCO and ANC cause confusion and fight each other for control’. One said that SEEK ‘supports this one, then that one and people fight each other’ and that some of the men (and women) ‘make it difficult for a woman to lead anything’.

The majority of the active Parents Committee members were women (there was one active man). They were committed to and clear about the Community Motivator programme goals. They spoke out at meetings. They became a threat. N (Samora

Machel 3) explained:

‘There are many women here who really want to get things to work in the community. No one has to tell them what they need. They know! They are not stupid! They can see that we will get nowhere if the leadership is poor but it is not an easy thing for the women to take leadership here. If she does a good job (referring to the Community Motivator) then others undermine her. They will talk about her, point fingers. If something happens like a child goes missing then she is blamed and called a witch and that is very dangerous. We have seen that here. That makes it difficult for women to be involved.’

The SANCO/ANC structures are entirely male dominated. It became clear why no women were willing to stand for the local government elections.

6. *Child residence patterns and implications for caregiving and service provision*

Households in Samora Machel appear to be very mobile with members living at different times in other parts of Cape Town or in the Eastern Province (Transkei). The concept of ‘parents’ and ‘family’ should be used with caution. ‘Families’ were not necessarily a composite kinship grouping. Of the ten caregivers interviewed informally, seven had one or more children living elsewhere. Of these children some had both parents living in Cape Town while the others were the children of another relationship (of the mother’s). All the children had been moved to different caregivers at different times (mainly aunts, uncles, grandparents). Two women had all their children with them at Samora Machel. One mother of five children explained that three of the children had rejoined her recently because the grandmother in Transkei was now too old to manage the children. Contact with the absent children varies a great deal. Some mothers have not seen their children for a year or more and others visit or have the child visit them on a fairly regular basis.

Ten children in the age category eighteen months to three years and six three to six year olds were present in the homes. There were ten under threes and fifteen three to six year olds registered in the childminding group. The fifty children in the playgroup ranged in age from a few months to ten years (there were fifteen registered under three year olds and fifteen seven to ten year olds who were not attending primary school owing to the distance and dangers involved.) The under three year olds’ attendance was poor as mentioned above. (The clinic sister reported that many children were weaned by eighteen months and once their immunizations were completed they were not taken to the clinic). They constituted a vulnerable group particularly as there were problems with getting regular child development information from the Community Motivator to the caregivers in some of the poorest homes.

7. *A comprehensive programme of creative and educational activities (drawing, books, educational toys, songs and games) was offered.*

In the childminding group, a comprehensive educational programme was offered. Space was however a big problem on rainy days. The childminders had attended an early childhood development training programme and as a result seemed to interact in an easy going but supportive manner with the children. The atmosphere appeared relaxed and flexible. Children moved freely indoors and out during the creative activity times.

8. *Men were not absent in the lives of the children at Samora Machel.*

In their roles as fathers, grandfathers, uncles, relatives and neighbours, men featured in a number of ways in the lives of children. Men appeared to be expected to and took little responsibility for child care in the early years other than attempting to provide income. During the walkabout visits to the homes the researcher noted however that there were men in the homes taking care of young children. Men tended to be excluded from information about the young child because they seldom attended the clinic or playgroup. The Community Motivator commented that she was attempting to address this situation. When asked for their opinions about including men in education programmes women were ambivalent but generally positive.

N (Samora Machel 9) appeared to express the feelings of most of the women when she stated that:

I think my boyfriend should be present, but not without me! I must be with him. So that we can learn together. Otherwise he will not discuss such matters with me!

9. *Resource Mobilisation and Contestation for Control.*

Resources are regarded as both human and physical. Gaining access to resources is another of the basic tenets of community development literature (Myers, 1992; Ferguson, 1990; Coetzee, 1989) It was also listed as a task to be undertaken by the Community Motivator. The Community Motivator's job indicated the importance of networking to strengthen the programme and access other resources such as child health (immunisation and information), nutrition (food and information) and early childhood education (training, equipment, information). The devastating result (her house burned down) illustrates the situation in which she found herself owing partly to her success in mobilising resources. Success could be measured by the keen participation of the members of the Parents Committee, the introduction of Food Aid from the NNSDP, the converted shipping containers and a range of donated equipment.. The more resources she mobilised the more of a threat she appeared to become.

As resources became manifest so did the fight for control. There was evidence to show that the Food Aid scheme in Samora Machel was running well, that the relationship with the clinic had improved, that more children were attending the playgroup and that the caregivers were positive about the Community Motivator's home visits. There were some people however who continued to undermine her despite all the information meetings that had been conducted. Four of the Caregivers mentioned the conflict was a reason for their non participation in the Food Aid playgroup.

The challenge for control over resources continued after the study had been postponed. The researcher was recently informed of another attempt to take over the converted shipping containers (offices of the Parents Committee and base for the Community Motivator project feeding and stimulation programme) and equipment such as child size tables and chairs, kitchen equipment, toys etc ostensibly to run a primary school.

10. Funding

Funding for the Community Motivator Programme was channelled through SEEK whose task it was to ensure the financial management capacity of the Parents Committee. The Parents Committee reported that they had received no financial training from either SEEK or ELRU. There was no operating budget.

SEEK reported that the funding that they had received was insufficient, piecemeal and inconsistent. A system had been established whereby any funds that were received were also shared with the playgroup leaders and the childminders. The stop-start nature of the funding (from NNSDP and other donors) was frustrating for everyone and led to a build up of mistrust between the playgroup leaders, the SEEK fieldworkers and the Community Motivators¹⁹.

11. Lack of management capacity at the local level.

Ongoing tension and difficulty with the SANCO/ANC management structure made reaching the Parents Committee of the Children's Project, the Community Motivator, the children and their caregivers very difficult. Lack of capacity at different levels of functioning regarding the management and administration of incoming resources in the settlement succeeded in paralysing the Community Motivator Programme regularly. The tension between the SANCO and ANC representatives and the role of the community based organisation (SEEK) caused a situation where there was never clarity about who was making decisions and who was dealing with changes as they occurred.

¹⁹ The Community Motivator Programme was beset by a history of inconsistent funding. This began with the original donor and was continued when the NNSDP stopped funding the Community Motivator's (May 1995) and then restarted following an appeal (October 1995)

The day to day management of the Community Motivator Programme had been delegated to the Parents Committee. The reality was constant intervention by SANCO and the ANC structures related to control of incoming goods and services. Individuals succeeded (by their interventions at meetings) in creating a situation of repeated paralysis by exploiting the SANCO/ANC tensions around control. A compilation of various extracts from the researcher's diary and field report clearly indicated the course of events:

The SANCO/ANC structure stopped the Food Aid programme on two occasions in August/September because questions were raised about the legitimacy of the selection of the Community Motivator and she was accused of not administering food on demand to people in need. A check by Department of Health NNSDP workers and ELRU found no problems in relation to both the delivery and the book work. The two cheque signatories were members of the Parents Committee. Spot checks were made by ELRU and the NNSDP and growth monitoring undertaken by the NNSDP in October 1994 showed that the children were making good progress. At the community meeting called to sort this out the SEEK field worker was very vocal, challenging the legitimacy of the local structures (SANCO and ANC), the Community Motivator's position etc. The meeting decided to ask ELRU to put Food Aid on hold. No cheques for food to be issued until the matter was resolved. This situation continued for two weeks and then ELRU was informed that the Community Motivator had been reinstated, that the subsequent community meeting had decided that the Parents Committee had been properly selected. Food Aid was started up again. Then, relocation to site and service began and on Sept 4th the Community Motivator's home was burned down.

The Community Motivator Programme lacked the support of a strong management group and therefore any NGO working alongside (e.g. ELRU, NNSDP re food aid) struggled to cope with crisis management and poor delivery.

12. The Role of the Community Based Organisation

The community based organisation (SEEK) appeared to lack the capacity for building capacity at Samora Machel. There was no clear framework for linking consultation to the development of a negotiated and accountable management structure with a clear role, aims and objectives, operating functions and a plan of action. An compilation of extracts from the researcher's diary and field report recorded as follows:

Lack of accountability to the Director and random decision making by the Field workers had become problematic. At a meeting between ELRU and SEEK to discuss the Community Motivator Programme and Food Aid in particular the Director of SEEK was informed of an incident at a recent ELRU Food Aid meeting at which nine community workers from projects receiving Food Aid via ELRU were present. The SEEK fieldworker who had not attended the meetings all year despite many reminders, arrived

at the meeting at ELRU with a new woman and said that the Community Motivator was not running the Food Aid correctly and was refusing to give food to people who were demanding it. The Food Aid community workers became very angry. They refused to accept the situation. One woman stood up angrily and said to the Community Motivator fieldworker:

‘N you cannot come in here and make trouble for us when you never attend the meetings. You don’t know how the Food Aid operates but you join the rumours. It people like you who make a dangerous situation for the people like us who must deliver in the communities’.

Difficulties were compounded when SEEK announced they were pulling out of Samora Machel in January 1995 and then again in June and then never pulled out (until they were finally asked by the SANCO/ANC and the Parents Committee to leave) but became involved in the battles around control.

13. *The partnership approach and implications for the role of a Non governmental organisation (NGO) such as ELRU*

The merits of partnership as a critical factor in an integrated approach is another concept presently in favour in development literature. (Myers 1992, Ferguson, 1990). Partnership also raises issues of capacity, structure and functioning in each of the partner organisations and the local management system. Who is doing what, how and when can create a range of problems at the local level and is often overlooked at the planning stage as was illustrated in this programme. Oversubscribed NGO’s and CBO’s have their time cut out trying to manage the projects within their own domain let alone the difficulties of keeping in close touch with partners. For example, ELRU does not employ field workers and in the interests of partnership (and own terms of reference) relies on other organisations to ensure the capacity of the management and administration structures at local level. Once a request for training is received at ELRU there is a tendency to assume that the infrastructure exists for the delivery of training, programmes, monitoring and support services at local level. The researcher’s field report and diary recorded that:

ELRU Community Motivator Programme staff members reported that they found themselves having to take on management capacity building tasks under pressure to deliver all the aspects of the Community Motivator programme including the NNSDP Food Aid Programme within the designed time frames.

14. *Changes in a State funded delivery system such as the NNSDP delivery system had implications for the Community Motivators at the local level.*

The researcher recorded from minutes of meetings (July 1995) and notes in both her research diary and field report as follows:

The NNSDP without warning cut the 'Development Aid' side of Food Aid in 1994. Direct feeding at R1.00 per child per day continued. The 'Development' cut affected the ELRU programme badly as ELRU had 10 Community Motivator's linked to Food Aid receiving an honorarium which filtered down and was shared with other child caregivers (mainly childminders looking after children for a Samora Machel all payment) in the different communities such as Samora Machel. ELRU lodged an appeal and for the first four months of 1994 Community Motivator's were paid pending the outcome. The first appeal was lost and the honoraria were stopped. ELRU then lodged a second appeal and won. This meant that money became available again in large amounts (backdated). This was a very difficult situation for the community workers working on the ground to handle.

The Community Motivator at Samora Machel struggled with the problem of people who did not trust the changes and were suspicious of her motives. Some people feared that she was handing out largesse to some and not others. This despite regular open meetings with the NNSDP and the Community Motivator Food Aid workers to explain the programme changes. This seemed to have worked out until her house was burned.

15. *The role and personality of the Samora Machel Community Motivator. Her role appeared to be reasonably clearly defined and understood by the people interviewed.*

The Community Motivator had been successful in developing the structure of the Community Motivator Programme in her target area. She appeared however to be uncertain about how to go about introducing the early childhood educational component of the programme in the homes. She therefore requested 'fresh' information about child development topics.

It became clear that an on-going appraisal system of the Community Motivator's work was lacking. Since SEEK had withdrawn from Samora Machel, the Community Motivator found herself working in a vacuum. The Parents Committee handled the funds for the Programme and the Community Motivator kept the record books.

The Community Motivator's determination to succeed despite the setbacks described in this report is a story in itself. Her vision for what could be achieved was extraordinary (her vision, the ability to keep going, the almost stubborn commitment, the refusal to give up). She set clear objectives for the project. She regularly visited the childminding group and the playgroup, listening and sharing ideas and encouraging the caregivers. She put a lot of energy into the Food Aid scheme, was a regular attendee at the meetings and kept a careful set of records. Her networking ability had led to a steady influx of goods and health service delivery had improved. That there was no clear system for handling these donations created another tension point. The caregivers were positive about her role and sympathetic about the problems that she has encountered. The setbacks she has experienced should not be

minimised and it raised the question of the dire need for support systems for community based workers.

16. *Implications of the overlapping roles of the researcher as researcher and Coordinator of both the ELRU Community Motivator programme and the ELRU Food Aid Programme.*

It was not clear to what extent the overlapping roles of the researcher contributed to the build up of tension in Samora Machel at the start of the relocation of the shacks to site and service. The researcher was not directly involved in Food Aid distribution but as the Coordinator did spot checks from time to time at various feeding sites but had never done so at Samora Machel. Spot checks at Samora Machel were handled by the NNSDP fieldworkers before the study began. The presence of a middle aged, middle class white woman in the community probably did raise expectations about the potential for connections to resources of some kind. Soon after the relocation of the shacks started the researcher had felt concern that people were moving away from the Community Motivator leaving her in an isolated position. When questioned about this however the Community Motivator felt confident that she had to move last because she would go at the same time as the converted shipping containers. The researcher decided it would be inappropriate to intervene further. Soon afterwards she was advised that the Community Motivator and the Translation assistant felt the researcher should leave the site and postpone the study which was done. A week later the Community Motivator's home was burned.

Having an 'insider' perspective has had advantages and disadvantages. Advantages include having an understanding of some of the intentions of the Community Motivator Programme (at the level of training). The disadvantage was the extent to which those underlying assumptions, although hard to measure, affected the investigation, focus and interpretation.

6. STUDY SITE 2: IMIZAMO YETHU, HOUT BAY

6.1 The socio economic context

The informal shack settlement known as Imizamo Yethu is situated on the mountainside on the left hand side on the main road leading into the small valley town of Hout Bay. A signpost shows the way soon after the old graveyard. It is actually prime land and many sites in the settlement have incredibly lovely views as they look out across the valley to the mountains and sand dunes on the other side. Imizamo Yethu is also reasonably well situated in relation to the resources of the town so that a petrol station, shops, post office etc are within reasonable walking distance. The clinic (recently twice both vandalised and restored) is situated close by. Transport is required to get to the harbour and employment opportunities there (seamen and casual labour).

Despite the good location the shacks made of corrugated iron, wood and a variety of materials for roofing including plastic coverings, offer little protection from the heat which beats down into the Valley in summer and makes indoor habitation during the day intolerable. In winter the same shacks are exposed to the fierce wind and rain storms that hammer the Cape, the threat of landslides in some parts and the danger of the falling stone pine trees.

The macro historical processes in South Africa (labour migration, the coloured labour preference policy in the Western Cape²⁰, drought in the rural areas and the restrictions on African housing and access to decent housing, social services, health and education in the Western Cape Province) referred to in 4.1 and 5.1 continued to inform the situation.

The people living in Imizamo Yethu were relatively young. The serviced sites were occupied from 1985 but people had lived in the area for much longer and many people were relocated to Imizamo Yethu from an earlier settlement in the area known as Blue Valley. Population estimates were hard to come by at Imizamo Yethu. According to the Chairman of SANCO a survey is presently being undertaken but he estimates one thousand eight hundred dwellings and four thousand five hundred people (personal communication). Communicare (personal communication, 12/11/95) gave an estimate of one thousand seven hundred sites and three thousand people. By far the majority of people are black Xhosa speakers but there is an area within Imizamo Yethu where an estimated fifty Afrikaans speaking 'coloured' households are situated. The Clinic sisters report that men from Namibia who speak Ovambo are present in Imizamo Yethu again although Namibian men were 'sent home' last year. No one was able to give any estimates related to the presence of 'foreign' Africans but people who are moving onto to uncleared land on the mountainside are referred to as the 'imbacu' (refugees).

Population density is increasing on the serviced sites as sites include lodgers with shacks which brings in needed income. An estimated 70% of the population is employed in full time, part time, seasonal and casual work (Communicare 23/2/96). These employment figures belie the situation that exists for large numbers of households in the settlement. According to the Clinic Sister in charge the main health problems for children are diarrhoea, worm infestation, malnutrition and burns. For adults there are high levels of TB and sexually transmitted diseases (STD). The Sister regards alcohol abuse as the main reason for abuse of women and children (personal communication 8/11/95). A number attempts were made to get the health statistics for adults and children in Imizamo Yethu from the Department of Health. These figures may not be forthcoming by the time this report goes for printing.

At first sight Imizamo Yethu seems to be a well organised informal settlement, known in some quarters as the 'rolls royce of squatter settlements'. There are tarred

²⁰ The 'coloured labour preference' policy (Eiselen Plan 1955) became a reality in the 1960's and was abandoned in 1985 (Spiegel, 1995).

roads, serviced sites, refuse collection, an installation for post boxes, a telephone booth in the community hall with one operative card system telephone (the coin telephone has been vandalised), a phone shop(converted containers with 6 telephones), a number of spaza shops which sell groceries, fresh vegetables and fruit and a number of shebeens. Bakkies from bottle stores in various parts of Cape Town (such as Liquor Town and Drop Inn) deliver crates of beer and cooldrinks to the shebeens on a daily basis. The SHAWCO²¹ mobile clinic and the Animal Welfare clinic arrive weekly. The Red Cross Society responds to emergencies and provides relief but despite the presence of an internal Red Cross Committee the child caregivers who were interviewed complained that relief does not always get down to the 'desperate people'.

The local churches (from Imizamo Yethu and Hout Bay) have combined energies to form the Hout Bay Christian Community Association which runs a soup kitchen on Mondays and a job finding system. This group is presently constructing an adult training centre out of ten converted containers. The centrally situated offices of Communicare (an organisation which has been contracted by local government to provide basic services and maintenance in Imizamo Yethu) are available as a venue for SANCO meetings and for the storage of emergency supplies (Red Cross and the Churches). In addition, the Hout Bay Library has opened up a branch in the 'Orange House' (so named because it is painted a bright orange!). The Orange House is also used as a venue by the Community Motivator for her weekly discussion group.

The risk was that the very existence of such amenities clouds the reality of wide spread poverty, unemployment as well as under-employment, and the near destitution facing people in the settlement. The possibility of violence and instability was an ever present threat and during the period of the study there have been fifteen shack burnings (personal communication, Communicare). Accounts of rape and other forms of assault on women and child abuse have been described by the women who were interviewed. Shack burnings explained initially as accidents often appear to be the result of conflict and aggression. The influx of people on the mountainside is a source of concern to the more established residents. There appears to be little possibility of containing this situation which is creating a cauldron of pressure on space and services. Many people in both the serviced and unserved areas are desperately poor, and dependent on constantly evolving strategies including a high level of mobility for survival. Families (and the concept of family requires examination) use strategies which include child mobility, which has implications for the delivery of programmes and services.

6.2 The Aims, Objectives and Activities of the Imizamo Yethu Community Motivator Programme

The Imizamo Yethu Community Motivator Programme had started in February 1994

²¹ Students Health and Welfare Organisation. (SHAWCO) University of Cape Town.

in cooperation with the community based organisation CARE. The Community Motivator had also attended a training programme at ELRU in May 1994.

The overall aim was to build on existing knowledge and practices about how children grow and develop in order to provide information about child growth and development and related topics.

Specific objectives included :

- * to present a talks at the local clinic once a week on how children grow and develop and other topics of interest;
- * to organise a weekly discussion group for caregivers to share ideas about child raising building on their own knowledge and skills;
- * to undertake home visits to reach caregivers in the homes and refer needy cases to the relevant authorities;
- * to consult regularly with the local civic structure.

6.3 The Research question

The point of departure was the role of the community development worker known as the Community Motivator. What was the effect of the Community Motivators on family/household based child raising strategies, was this a positive intervention?

6.4 Methodology for the Study

Selection of Informants

In October 1995 the researcher contacted the local SANCO and the NGO who employed the Community Motivator and received permission to conduct the study. Fieldwork began on 6th November. The informants included child caregivers, the Community Motivator, the Clinic Sister, the Chairperson of SANCO and the Manager of Communicare.

Target Group and Sampling procedure

The target group was the Community Motivator and the caregivers of children in the age category birth to six years.

At the interview with the Nursing Sister it was decided to select all the women with children in the age category 0 - 6 years who attended the clinic on November 6th 1995. Sixteen women attended. All agreed to participate in the

study.

Six women who had never attended any aspects of the Community Motivator Programme were also included.

Data Collection

Methods used at Imizamo Yethu included participant observation, informal interviews, a questionnaire and a Participatory Rural Appraisal (PRA) workshop. The Community Motivator's clinic talks were attended once a week, the discussion group at the Orange House was attended once a week, and a number of home visits were undertaken with her and without her in order to establish and understand the context in which the Community Motivator was working and what was being achieved (if anything at all).

A questionnaire was developed, field tested, re worked and applied in twelve in depth interviews with caregivers (mainly mothers). Six of the caregivers had not attended any Community Motivator sessions and they had not been included in the home visits. Four of the twelve in depth questionnaires were completed when the Community Motivator was not present. A Participatory Rural Appraisal (PRA) workshop was attended by twenty six women and an uncountable number of children. The researcher kept a detailed diary.

Study design

During the first and second week informal interviews were conducted in their homes with the sixteen women who were present at the clinic on the first clinic day (7th November 1995). Observations were made of the Community Motivator and caregiver interaction during twelve of the visits. In depth interviews were subsequently conducted with six women who were attending the clinic sessions, the discussion group and who had received at least one home visit and six women who had not had contact with the Community Motivator at all. The Community Motivator was not available during four of the in depth interviews owing to other commitments.

The interaction of the Community Motivator and the women and children in the clinic was observed on four occasions and the 'Orange House' discussion group on two occasions.

Two meetings with SANCO, a visit to the clinic and a meeting with the Imizamo Yethu health worker were arranged and attended by both the Community Motivator and the researcher to ensure flow of information about the study and its intentions. The Nursing Sister provided the route for obtaining health information on the children which was followed up but no information had yet been received. Information was also gathered from Communicare, an NGO working in Imizamo Yethu.

Measures of validity and reliability

The questionnaire which was used at Imizamo Yethu was useful in that it was a means of cross checking the qualitative data gained from other sources (informal interviews, the PRA workshop and participant observation) which proved to be a useful measure of validity and reliability despite the small sample.

6.4 Limitations of the Study

The researcher attempted to get too much information in a short time. The in depth questionnaire was too detailed. The interviews, which included observations of the Community Motivator and caregiver interaction took approximately two hours each against the background of oppressive heat at the time which was exhausting for everyone. Initially there was no problem with the interviews, the participants were open and willing to talk and share information and ideas. However when some of the issues required clarification and the researcher and Translation Assistant returned to the homes some women refused to give further information stating that they had no time and they had received no payment.

6.5 Summary of Findings²²

1. The socio economic context impacted on the lives of the people in Imizamo Yethu.

The proximity of Imizamo Yethu to Hout Bay has meant access to goods and services for more people than in Samora Machel for example. The large number of serviced sites (water and toilets) and increased electrification tended to disguise the fact that large numbers of people were struggling to survive in situations of dire poverty. No regular Food Aid had reached the settlement despite the large numbers of unemployed or under-employed people. The child caregivers and the children under six years were among the most vulnerable people struggling to both survive (lack of food security) and to move beyond survival to a reasonable existence.

2. The Community Motivator Programme

The Community Motivator had established a base in Imizamo Yethu. The time budget (Table 2: in 6.6) illustrated the high percentage of time spent in Community Motivator/caregiver interaction in different settings. The activities and activities (Table 3: in 6.6) indicated increasing numbers of caregivers and

²² Details of Findings are set out in paragraph 6.6

young children in attendance in support of the initiative.

3. Who owned the Community Motivator Programme?

Ownership of the Community Motivator Programme was located with the Non Governmental Organisation, CARE. The Community Motivator encouraged the caregivers to provide direction and to take control. There was no local management committee, for example a Parents Committee.

4. What(if anything) did the caregivers feel they have gained by their participation in the activities?

Positive indications included an increase in self confidence, 'making friends' opportunities 'to speak out', mention of understanding of how children grow and develop linked to own knowledge.

6.6 Details of Findings

1. The impact of the socio economic situation on the caregivers and the children.

The situation of widespread poverty, unemployment and ill health that exists in Imizamo Yethu impacted adversely on the lives of the women and children who were attending the Community Motivator programme. They were among the poorest people and most of them were engaged in a desperate struggle for survival. All of them risked daily the disruption of their fragile strategies in a number of ways such as illness, loss of meagre earnings or income, unemployment, fires or abuse. The women counted the traditional healer, the clinic, their employers(where applicable), relatives, neighbours and friends among their support networks. A brief look at individual lives and livelihoods indicated how frail and tenuous such support networks can be. There was no negative reaction at any level (the clinic, SANCO or the women themselves) to the Community Motivator programme and the Community Motivator's intervention in their lives was regarded as positive.

There was very little food relief reaching Imizamo Yethu except for the NNSDP (food aid) feeding that is reaching the seventy five children at the educare centre and a soup kitchen run by the Church group which operated once a week on Monday's.

2. The Community Motivator (CM) Programme

The Community Motivator Programme at Imizamo Yethu consisted of talks to the women with children waiting for attention at the clinic on Tuesdays, Home visits on Wednesdays and a Discussion group at the 'Orange House' venue on Thursday mornings. Home visits and some networking and meetings

also occurred during the afternoons of these days. See time budget (Table 2).

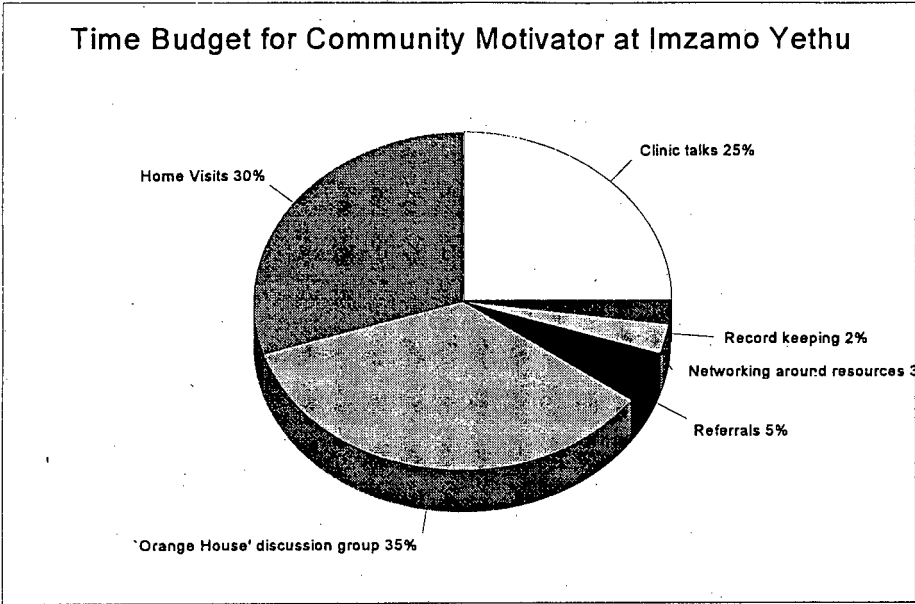


Table 2: The time budget and Community Motivator’s activities

Topics for discussion (Appendix 1)

The Community Motivator had a list of topics for discussion at both the Clinic and the discussion group which were developed in consultation with her Supervisor at CARE (Appendix 1). Regarding the choice of topics the Community Motivator said:

‘If they want to change the topics that’s OK by me! I want the discussions to be relevant for them whether at the clinic or at the Orange House. At the clinic it is mainly talking and demonstrations by me as you have seen because there is a lack of space for them to get involved but at the Orange House there is nothing they can’t do because we have the space. I have also suggested to the women that they do the planning and already P (one of the caregivers) is taking the register and they are thinking how they want to use the time and what part they will play.’

Activities and attendance at the Community Motivator Programme activities showed increased steadily during the observation period

<i>Weekly plan</i>	<i>Clinic talk</i>	<i>Home visits & Referrals</i>	<i>'Orange house' discussion group</i>	<i>Networking around resources</i>
Week 1 7 - 9 Nov	16 women & 16 children	8 homes 1 referral	18 women and 24 children	None
Week 2 14 - 16 Nov	14 women & 18 children	8 homes 1 referral	14 women & 20 children	None
Week 3 21 - 23 Nov	12 women & 18 children	4 homes	20 women & 24 children	None
Week 4 29 - 30 Nov	18 women & 20 children	2 homes	26 women & 32 children	none

Table 3: Community Motivator activities and Summary of attendance during the period 6 - 30 November 1995.

The Clinic sessions

The researcher assisted by the Translation Assistant observed four Community Motivator sessions at the clinic. The Community Motivator arrived each Tuesday at or near to 8.30 am. If there were few mothers present she would help to open the clinic and talk freely to the nurses. As each mother entered the room she would greet warmly and by name, showing interest in each child. Once she had about five mothers she would begin her input for the week. The first day it was 'Your family' and she discussed different kinds of family and the extended family. She encouraged people to chip in their ideas and join the discussion. The women were mostly African but it was not unusual to see one or two white mothers in the room who were also willing and interested to contribute. Discussions were often very lively. When the researcher asked the mothers how they felt about the Community Motivator's talks everyone was very much in favour of them. 'I learn a lot when I am here' said a mother. One of the white women said:

'(The Community Motivator) is very warm towards all of us. I feel part of the group when I am here. We are from very different backgrounds and we don't speak the same language and in a way she gives us common ground by the kind of information she gives us and which we then discuss. Even if the discussion is in our own languages and we can't really understand each others words we feel part of it!

For example one day I was responding to something from (the Community Motivator). As I was standing away from my child and she began to cry and one of the women leant over and comforted her. That hadn't happened before and I really like that!

Another women (from Imizamo Yethu) said ' My husband came with me to the clinic once and I think he would like to come in but the clinic is very much for women! I could see that he liked the discussion but he felt very uncomfortable. An African man in a clinic that's a big thing! Anyway we laugh and we joke and its not for men!

When asked what they learned about, the women mentioned demonstrations about how to handle the child, talking to the child, songs and stories. One woman said of the Community Motivator 'she knows who we are and we are comfortable with her. She talks about imbeleko²³, she is one of us'.

When the Community Motivator spoke the women gave her their attention despite a lot of activity, people coming, people going, caregivers (mainly mothers) preparing babies for weighing and measuring and growth monitoring. The Community Motivator would speak in Xhosa and then in English.

Input by T (one of the nurses)

The Translation Assistant noted that when the researcher was in the room one of the nurses, T, would show off. T was in charge of weighing the babies. She often took what the Community Motivator and the caregivers had said, expanded on it going on and on and sometimes being very rude and imposing her ideas about things. In the discussion group at the Orange House the women commented again on her behaviour towards them.

On one occasion T (who lives in Imizamo Yethu herself) held her nose and said 'what a smell in here, how these people smell'! This bothered the Community Motivator (who was often drawn in to troubleshoot when the nurses went too far and a row broke out). 'These people are very sensitive, they take note deeply if they are badly treated.' She told of an occasion when she was drawn in by the Nursing Sister to sort out a problem that had arisen with a very poor family with a sick child who were refusing to attend because of rudeness at the clinic. When the Community Motivator (the Sister remained in her car at first) arrived at their place and told why she was there the man said angrily ' why must I let that nurse in here she chased my wife from the clinic like a dog, that is why I want to chase her from this house'. Eventually the situation was resolved and the Sister apologised.

²³ Imbeleko is a custom to celebrate the birth of a child

Observations of the Community Motivator's home visits

On Wednesdays mornings and in the afternoons Tuesday to Thursday, the Community Motivator did home visits. She used the clinic attenders as her reference point and there were always some new faces. Together with the Community Motivator, the researcher and the Translation Assistant visited the 16 women who had attended the first clinic. This was done as a way of getting into the issues.

The sixteen homes ranged from desperately poor to poor. Conditions were generally better in the serviced area where people had access to a yard tap and a flush toilet. In the unserviced areas, leading up to and on the mountainside conditions outside the houses were often very bad with animal and human excreta and pools of dirty water lying about in areas where children walked and played.

The desperately poor houses were characterized by a few items of threadbare furniture, meagre possessions and few utensils such as cooking pots, buckets for water, plates etc. Food supplies were intermittent and feeding was irregular although most households seemed to be able to get access to some basic food (mainly mieliepap and imfino²⁴) in order to eat once in the day. These shacks were characterized by unhygienic conditions (unswept floors, dirty yards,) and dirty unkempt and neglected children.

The poor houses also lacked possessions but were generally well kept and clean. The home visits identified four caregivers with very young children in need of assistance. The Community Motivator reported frustration with her own organisation regarding the system for referrals (See **Referrals** below)

These two case studies reflect the tenuous nature of the lives of two of the caregivers and the interaction with the Community Motivator:

Z's desperate situation (Imizamo Yethu 4)²⁵

The researcher, Translation Assistant and the Community Motivator visited the shack where one of the women, Z was staying. The main room was a shebeen. Z had recently returned from hospital following a savage attack on her by her boyfriend that had left her blind and disfigured in one eye. She was thrown out of the shack she shared with him and was relying temporarily on her friend, who ran the shebeen, for shelter. She had a child of three years (her partner's

²⁴ Indigenous plant with spinach like leaves which are eaten as a vegetable. The plant grows freely on the mountain. In the evening it is not unusual to see enterprising local entrepreneurs selling bundles of imfino displayed on specially constructed tables.

²⁵ Imizamo Yethu 1-12 are the code numbers for the 12 interviews. Women (1 - 6) in the Community Motivator Programme and women (7-12) not in the Community Motivator Programme

child) whom he was not supporting. She was unemployed and had received some emergency short term food relief supplies from the clinic, but that aid had ended. She was helping her friend in the shebeen and was in a very desperate situation, going from 'one to another to beg for help'.

When we arrived the child was running around naked. Z greeted the Community Motivator warmly. Chairs were found and we sat at the corner of the table. Two men were sitting at the table drinking beer. As we were talking the child came into the room and asked for food, his mother shook her head. He appeared to accept the situation and then climbed onto a chair at the table and started to pick up some breadcrumbs lying about - using a well coordinated thumb and first finger pincer movement. Suddenly his hand darted out and he grabbed at the nearly empty large castle lager beer bottle on the table and took a swig. One of the men leaned over and swatted him off the chair. He landed with a crash in the corner. Z was very distressed and cried out in dismay. Before she could reach him the child wobbled to his feet, wiped his grubby hand across his face and darted out of the room. The Community Motivator put her hand on Z's in quiet support and we left the room. The discussion continued outside and the Community Motivator worked out an emergency plan which involved going to the CARE offices that later that day. The Community Motivator informed the researcher later that she had 'put my hands into my own pocket to help out' because she could see no hope for Z via the referral system in the near future.

K's situation (Imizamo Yethu 3)

K's house was poor but well cared for. There were two very small rooms. One was empty at the time with crates of empty beer bottles at the one side. The internal walls of the other room were papered over with labels from coffee tins. There was a bed and a small dresser. A low shelf contained a few well kept items of equipment such as two gleaming silver cooking pots and some other basic utensils. K had one child living with her at that time. That child had also lived with one of her sisters in Khayalitsha 'when there was nothing coming in to buy food'. She had two children (9 and 7 years) born of a previous relationship living in Willowvale, Transkei with another sister. Her boyfriend was a seaman and he was often away for weeks at a time during the summer months. He had a wife and three children in Durban whom he also supported.

K had come to Cape Town three years before because her husband (who was working in Johannesburg) had deserted her and she was desperate to earn money. She earned some income making traditional beer and she also sold local beer and cooldrinks. She sent most of what she earned back to her children in Transkei. Her boyfriend provided for his child with her when he could, food and clothing and clothes for her. His work was seasonal and during the winter when jobs were scarce they struggled to survive on her

income.

As we talked together the two year old child moved in and out of the room. When she came close to K she would reach out and touch the child lovingly and at one point she pulled the child onto her lap and talked to her. She appeared pleased to have the Community Motivator visit her and she enjoyed showing us her interaction with her child, clearly putting some of the ideas that they have talked about into practice. She talked to the Community Motivator about the child's tummy problems and they discussed feeding. As we left K said how she was looking forward to the next discussion group at the Orange House.

The Community Motivator was received positively in all the homes that we visited with her. The animated discussions indicated that the visits were welcome and filling a gap for the caregivers. Her manner was easy and the caregivers appeared relaxed with her. The home visits appeared to entail giving moral support and practical suggestions. She also attempted to deal with emergency situations (Z's situation) but felt lack of support from her own organisation to make sure that things are handled once referred.

There were occasions where she failed to provide a physical demonstration which could have improved the situation. For example in the home of one of the childminders there are many hazards. Many objects on the floor, a hot stove in the middle of a tiny room. We observed that the same childminder keeps the baby for long hours sitting in a plastic milk carrier which acts as a play pen. The Community Motivator said she had discussed the need to make changes and deal with the safety factors but despite the lack of change she did not find a way to intervene.

Observations of the Community Motivator and the caregivers at the 'Orange House'

There is a house in Imizamo Yethu which has been converted into a open plan space. There were various contenders for the use of this space and while decisions were being made the Community Motivator saw the gap and asked to use the place for a discussion group meeting for two to three hours each Thursday to which she invited the women. The discussion group had been functioning three times when the researcher and the Translation Assistant arrived.

Each week the number of caregivers increased. The Community Motivator reported that only six women had attended the first group. She invited the women to invite their neighbours and friends and the word got round. At each session the women grew visibly more confident and relaxed and it was clear that a number of new friendships had been and were being forged. Also as a group the women got livelier and livelier! In the last week of the quarter there were 26 women and 32 children running about, quite an event!

The format was very easy going and practical. Arrival, introductions, a warming up game, an input and discussion. The four discussions included a video and discussion about worm infestation in children. A demonstration of homemade toys and a talk about how children learn through play (toys made from tin cans and easily found materials). An earlier talk about 'the child's first teacher' was referred to a number of times during the home visits! These sessions intend to cover a mix of health, nutrition and education topics in a very practical way.

N said:

If I don't come you must know my child is ill or I have a problem. I really try to attend the clinic and the 'Orange House' regularly. I can say I have great happiness being there, it lightens my problems'.

The 'absence' of men

The 'absence' of men was a topic for discussion in the Orange group. The women agreed that men are 'absent' from the Community Motivator Programme because they haven't been included. Some women felt ambivalent about including men because they felt that child care was the woman's domain. One woman said 'it is for women to raise the children'. Others agreed with her felt that their husbands/boyfriends lacked knowledge about children that might make them better fathers. No one was prepared to allow a separate men's group.

Referrals

The home visits identified six caregivers (five mothers and one grandmother) with very young children in need of urgent assistance. The Community Motivator reported frustration with her own organisation regarding the system for referrals. She had not reported this matter to her Supervisor. This seemed to indicate a communications problem within the organisation and the need for a clear system in order to provide support for her work. The Community Motivator would also need to take responsibility for using the channels once established.

The Community Motivator talked often about her frustration with referrals. The long way people have to go to find the right place and get attention (one woman had recently walked to the CARE offices in Wynberg because she had no money for transport and she was desperate to get child maintenance - only to find no social worker in attendance). And then if they do get attended to there are often further long delays while the case is investigated, recommendations made, put through the required channels, the problems of actually receiving the grant (day, time, place etc) and all the costs involved, such as transport.

3. Who owned the Community Motivator Programme?

Ownership of the Community Motivator programme was sitting securely with the Community Motivator and CARE. When the Community Motivator was absent one day, the programme came to a halt. The Community Motivator was aware of the issue and she continually encouraged the women to take responsibility for the group, making suggestions regarding future topics for discussion, taking on roles in the community in order to improve service delivery (e.g their complaints about treatment at the clinic), being involved in home visits in order to build support networks and participating in the constant evaluation of their progress. She had identified one woman who was taking on particular responsibilities re the attendance register.

4. What do the women who attend the Community Motivator Programme feel are their needs and what has their participation achieved?

The interviews, the observations and the PRA workshop showed that the women enjoyed and were interested in the discussions and the talks. When asked to give three main reasons for their involvement in the Community Motivator Programme they listed making friends, getting information about childraising and getting free milk and other donations (when available).

About making friends P said:

I was so glad when the Community Motivator invited me to come here. I came recently from Tsomo to have my baby here and I was very lonely! I miss my older child who is with my mother (in Tsomo) and I want to go back. But now that I attend the Clinic and the Orange House I have made new friends and we talk and share our problems!'

Another women said:

Before I met the Community Motivator at the clinic I was very isolated in my place. Yes I have relatives and I see the people but I did not know the people! Now I have a number of friends and we talk about what has happened here (at the Orange House) and we share our knowledge about the child.

About the incentive of free milk and other donations (when available from CARE)

One of the women explained that her boyfriend expected her to spend all day in the house and she only got away to attend the clinic when he gives his permission and the Orange House because of the free milk and donations.

On 'what we have learned' :

I have learned about how I am my child's first teacher! That I can take stories and the songs from my own culture and teach my child. I really enjoy that! The same is about the games. You learn them as a child but you don't know that you are learning. The Community Motivator has given me confidence in what I know!

The Community Motivator has shown us how to handle our children. When they are young how to exercise them, let the child lie on the floor, bend down and touch her and stretch out her legs or rub her and turn her over. And hold her and talk and sing and listen to her. I like that. I like the way that we can do more for our children these days!

Another woman said:

'Here (in Imizamo Yethu) there is a lot of abuse and neglect of children. The adults think they can get children to do whatever they like and the child must obey. I know this because as a parent I act like that because that is how it was when I was a child. But when I listen (to the Community Motivator) I am thinking about other ways. For example beating. I don't like to beat my child but I must teach my child to respect others and if he is stubborn then what can I do. But now we have had the discussion I can see that beating is not a good idea and can hurt the child's feeling and I can find other ways to teach him respect.'

On their interaction with the Community Motivator women noted

'The Community Motivator is one of us she knows our customs and we can discuss a number of things'.

'She is one of us (not high and mighty). She encourages us, she makes jokes, every one who speaks she listens to not just some. And she encourages the ones who are shy. I was very shy at first! I had nothing to say! Now I speak out every time and I am even taking things home to tell my boyfriend and he is listening!'

5. Comparison between the six caregivers who had attended the Community Motivator Programme and the six who had not heard of the programme

Those who had attended reported as positive gains:

Making friends and talking about problems and ideas	5/6
Gaining information about how children grow and develop	4/6
Sharing songs and stories from own background	4/6
Gaining ideas about getting a job	5/6

Those who had not attended reported:

Feelings of fear of partner or husband and isolation from relatives and neighbours	3/6
Feeling 'stupid' and 'uneducated'	4/6
Interested to learn skills and get a job	6/6
Interested in child's education	5/6

6. Child mobility and domestic unit fluidity

Nine out of twelve caregivers had their younger children with them in Cape Town at the time. Older children, usually but not always the child/children of another relationship, were often living with relatives in rural areas or other townships in the Cape Town area. The researcher recorded the following case study:

Mrs B (Imizamo Yethu 5) had four children. She was born, raised, married and raised 3 children in Cradock. Her husband worked in Johannesburg and sent money home intermittently. After the birth of her third (and last child with him) the money stopped coming and she heard nothing from him again despite efforts to locate him. She heard that he lost his job for a while and then got involved with another woman. She was desperate and she left the children with her brother in Cradock and came to Cape Town to seek work. She lived in Khayalitsha for a while with friends and then she met a boyfriend and moved to live with him at Imizamo Yethu. She had her fourth child with him and then he left her and is living with another women. He does not help her. She brought all her children back to live with her in Imizamo Yethu and she lived in a shack with her sister-in-law and two female cousins. The sister-in-law had no children and helped pay for her children. She brought in a little money by brewing beer (umboqothi) and cooking sheeps heads.

Child mobility has implications for programme delivery which is discussed in the section on Conclusions.

6. CONCLUSIONS

This study set out to investigate the effects of two Community Motivator Programmes on caregiver strategies in two informal settlements, Samora Machel and Imizamo Yethu in the Cape Town area. Direct comparisons were not always possible. The following conclusions were drawn from the findings.

1. **The Community Motivator Programmes cannot be viewed in isolation from the political, social and economic contexts within which they are situated.**

The struggle for survival at a basic subsistence level and the ongoing political battles around control of resources threatened the sustainability of the Community Motivator Programme in Samora Machel. Certain factors however appeared to support continuation. Ownership and management of the CM Programme was located with the Parents Committee which ensured local participation. The caregivers, mainly mothers of children under 6 years, expressed support for the CM Programme. The caregivers who were not involved appeared to be more fearful of the political instability which affected the CM Programme, others prioritised time and energy expended on basic subsistence activities (water, fuel and income). Those caregivers who were involved listed the positive benefits such as the food aid, the childminding group, improved health service delivery and reciprocal childcare in support of basic subsistence activities. For those caregivers who were not involved the spinoff for the most needy children under three years appeared to be disastrous in that they were not getting regular feeding, their earlier improved nutritional and health status was threatened, yet food was available.

The same level of political instability was not a factor at Imizamo Yethu. There some of the basic survival problems had been solved for the child caregivers. Women were not faced with expending large amounts of time and labour around getting water and fuel although other demands on their time included protecting the house, household tasks, and childcare. Income generating activities were not readily accessible and local politics had not impacted negatively on the Community Motivator Programme in any way. All the women listed as positive the opportunities that the Community Motivator Programme provided to make friends, gain information which appeared to lead towards increased self confidence and 'speaking out' about needs and plans. These were important indicators which deserve recognition.

2. **By making contact with the child's main caregiver the Community Motivator Programme provided exposure to information about early childhood development activities in line with local knowledge. This appeared to open the way to other opportunities for women.**

Although child care activities indisputably supported women's continuing reproductive roles in both the Community Motivator Programmes, it could also be argued that where child care had led to involvement in the Community Motivator Programmes caregivers had been exposed to opportunities for empowerment (self confidence, making friends, gaining information). In this way the Community Motivator Programmes were an important intervention point in the lives of the women. Once they took the first step and became involved they became exposed to ideas and activities which strengthened their own knowledge base. The involvement of the caregivers at Imizamo Yethu monitored over the four week period indicated an increase in confidence and engagement with other issues such as the need for jobs, houses, skills training and the lack of involvement of women in local affairs.

3. **Concepts such as 'parents' and 'the family' should be used with caution in relation to child mobility.**

'Families' in this small scale study were not necessarily either the nuclear mother, father and children or a composite kinship grouping in either Samora Machel or Imizamo Yethu. In Samora Machel seven out of ten households had children living elsewhere. Some of the children living elsewhere had been moved to different caregivers at different times (mainly aunts, uncles, grandparents).

This trend was also born out in Imizamo Yethu despite the easier access to resources such as jobs and schooling. Six out of the twelve households had children living elsewhere. Other studies have highlighted similar findings (McKenzie, 1995, Spiegel et al 1995, White and Segar 1993). The implications with regard to policy directives and programme implementation should not be disregarded. Child maintenance grants for example are presently issued only to the child's 'parents' with severe disadvantage to the children living in other domestic unit arrangements.

4. Participation Incentives

The child caregivers in both settlements led busy lives. Their energy was taken up finding and gathering resources they needed such as wood, water, income. The idea of 'volunteers' in a purely information sharing programme was never a realistic assumption. The caregivers who were involved in both Samora Machel and Imizamo Yethu expected certain material gains which included goods such as food and quality of service.

In Samora Machel the gains were food aid for the children and six women had become childminders and playgroup leaders supported by the Community Motivator. The two childminders and the four playgroup leaders had successfully completed a non formal early childhood training programme. The childminders implemented a programme with early childhood education activities which enhanced the quality of the service and the child caregivers (such as the mothers, fathers, uncles) were willing to pay a small fee. In this way the childminders improved their own circumstances and gained both training and income. The playgroup leaders were less successful. Once trained they demanded payment from the Parents Committee who controlled a limited budget mainly around Food Aid. The resulting dispute undermined the functioning of the playgroup, no educational activities were provided and there was no income.

In Imizamo Yethu the incentives were the free milk and other donations that the Community Motivator's NGO provided when available. The attendance register indicated that once they had taken the step, caregivers tended to come regularly. The purely material incentive appeared to be surpassed by other incentives such as 'making friends', gaining information.

5. The onus is on CBO's and NGO's to define clear parameters for the partnership enterprises working closely with local management structures and personnel in order to avoid exacerbating political instability in environments characterized by extreme poverty.

CBO's and NGO's working on the ground risk becoming constantly involved in the political push and pull and in so doing contribute to the irresolution and inability to progress that can affect programme implementation. In Samora Machel the fieldworkers of the CBO failed to recognise the boundaries and constantly intervened in local dynamics around issues of representation, legitimacy and mandates rather than supporting the Parents Committee and decisions already taken.

The Community Motivator Programme at Samora Machel indicated the need for clearly defined accountability procedures in the partnership plan of action from the outset. Line functions required clarification, who does what and when and enforcement procedures. Time frames for start up and departure of the CBO were non existent.

Imizamo Yethu would also benefit from similar procedures. There was no clear plan of action regarding the intentions of the NGO and no clarity with regard to the extent of the outreach, numbers of people, inclusive systems for monitoring and feedback involving all partners and time frames for disengagement.

6. Funding

Changes in donor policy, funding delays and intermittent funding appeared to affect the functioning of both Community Motivator Programmes (personal communication with both SEEK and CARE). Decisions taken elsewhere (and often out of range of the NGO's and CBO's) exacerbated tensions on the ground where the trickle down benefits were keenly felt. The change in NNSDP policy in 1995 which led to freezing the stipends for the Community Motivators in the Food Aid Programme at short notice became a strand in the build up of tension at Samora Machel.

At Imizamo Yethu funding was insecure because the NGO which supported the Community Motivator Programme faced dire cutbacks. Funding was only secured for one year. (Personal communication). This fact had not been shared with the caregivers who had no knowledge of the funding situation and therefore lacked power and any control of the situation. Closure in such circumstances would most likely contribute to feelings of powerless undermining what has been achieved.

The Community Motivator's have no budgets to cover basic equipment to support their work. They request carry bags and materials such as glue, koki pens, paint and crayons to make improvised educational equipment for use in the home visits, the childminding groups and the playgroups.

7. **Community Motivator's are playing important roles as catalysts but they cannot work in isolation. Support for the Community Motivators and the Community Motivator Programmes from their own organisational base hardly existed. Lack of recognition of their work emanates from the lack of a clear management structure for the Community Motivator Programme as a whole.**

Working in the local communities. The Community Motivator's are aware of what is working, what is not working and what has to happen to improve the circumstances for the caregivers and the children. They cannot work in isolation and they cannot do everything that is required but they have in both situations become catalysts for change. In Samora Machel, being an insider and resident in the settlement, the Community Motivator appeared to have a keen grasp of the political constraints and where to focus her energies.

The Community Motivators in both Samora Machel and Imizamo Yethu functioned in relative isolation. In Samora Machel the CBO had withdrawn and the Parent's Committee lacked the capacity to provide support for the Community Motivator. Monitoring of her work was not happening although she continued to keep careful records.

There is Supervision from the NGO for the Community Motivator in Imizamo

Yethu but the Community Motivator felt that she lacked sufficient guidance and support. To what extent she was not utilising the support provided could not be assessed within the time period of the study.

The Community Motivator's require clear job descriptions, conditions of service, consistent funding, operating budgets and certain equipment and materials to back their efforts.

8. Recognition of the small steps that occur

Despite the devastating setbacks in Samora Machel particularly, the record of what has been accomplished draws attention to the need to recognise the smaller things that can happen in development situations. These things are sometimes unrecognizable to the outsider who comes with preconceived ideas, but they begin to form the pieces of a framework. It became clear that because they 'own' the programme the Community Motivator and the Parents Committee had no intention of shutting down despite the recurring setbacks.

Home visits have not been achieved on any scale and the programme has not reached further than the original eighty children and not more than thirty of the estimated fifty caregivers. Success can however be measured in the Food Aid programme, the immunization campaign, the playgroup (to a limited extent) and the childminding group.

In Imizamo Yethu success could be measured by the increasing number of caregivers who attended the discussion group. Caregivers indicated support for the continuation and development of the Community Motivator Programme including developing a plan of action to sustain the initiative.

This study has touched upon some of the issues involved in attempting to assess the effectiveness of the Community Motivator Programme in the two sites using a wholistic approach. Despite the constraints that occurred a number of useful perspectives emerged. Re-examination of such perspectives across time and space would be a useful enterprise in future.

8. BIBLIOGRAPHY

- African National Congress, 1994. **The Reconstruction and Development Programme.** A Policy Framework. Johannesburg. Umanyano Publications.
- Arneil, G. 1995. Reaching the Unreached before the Year 2000. In **International Child Health.** Volume V1, Number 2. Switzerland. UNICEF & WHO.
- Barr, N. **On the Design of Social Safety Nets.** May 1995. Education and Social Policy Department. The World Bank.
- Bernard, H Russell 1994. **Research Methods in Anthropology.** Qualitative and Quantitative Approaches. California, Sage Publications.
- Bernard van Leer Foundation. October 1985. **Reaching children where they are.** Newsletter Number 80. The Hague. Bernard van Leer Foundation.
- Bernard van Leer Foundation. November 1991. **Growing up in Africa: projects and programmes.** Child development in Africa: building on people's strengths. Seminar to be held in Maseru. The Hague. Bernard van Leer Foundation.
- Boonzaier, E and Sharp, J. 1988. **South African Keywords.** The Uses and Abuses of Political Concepts. Cape Town. David Philip.
- Burman, S & Reynolds, P (eds). 1986. **Growing Up in a Divided Society: The Contexts of Childhood in South Africa.** Johannesburg. Ravan Press.
- Burman, S and Reynolds, P. 1986. **Growing up in a Divided Society.** The Context of Childhood in South Africa. Johannesburg. Ravan Press.
- Burman, E. 1994. **Deconstructing Developmental Psychology.** London. Routledge.
- Coetzee, J. 1989. **Development is for People.** Halfway House 1685. Southern Book Publishers.
- Cornell, C. 1994. **Etafeni. The Story of the Etafeni Playgroup Project.** Cape Town. Early Learning Resource Unit.
- Dawes, A & Donald, D (eds). 1994. **Childhood and Adversity.** Psychological Perspectives from South African Research. Johannesburg. David Philip.

- Department of Education. December 1995. **Early Childhood Development Policy**. Discussion Document.
- Department of Health. 1995. **Community Based Nutrition Programme** (Draft). Pretoria. Department of Health.
- Ebrahim, H. November, 1995. **Working Draft of the New Constitution**. Cape Town.
- Ferguson, J. 1990. **The Anti-Politics Machine**. Development, depolitization and bureaucratic state power in Lesotho. Cape Town. David Philip.
- Flekkoy, M.G. 1991. **A Voice for Children**. Speaking out as their Ombudsman. London. Jessica Kingsley Publishers.
- Glyn Thomas, A. 1984. The Nutritional status of Black, Coloured and White pre-school children in a section of Cape Town. **Carnegie Conference Paper No. 210**. University of Cape Town. SALDRU.
- Grothberg, E. 1995. **A Guide to promoting resilience in children: strengthening the human spirit**. Early Childhood Development Practice and Reflections. The Hague. Bernard van Leer Foundation.
- Hansen, J. 1984. Food and Nutrition Policy with Relation to Poverty: The Child Malnutrition problem in South Africa. **Carnegie Conference Paper No. 205**. University of Cape Town. SALDRU.
- Hardoy, J Cairncross, S & Satterthwaite, D 1990. **The poor die young**. Housing and Health in Third World Cities. Earthscan Publications Ltd, London.
- Helmore, K February 1-7 1986. The neglected Resource. Women in the Developing World. A Christian Science Monitor Special Report.
- Jones, S. 1993. **Assaulting Childhood**. Children's Experiences of Migrancy and Hostel Life in South Africa. Johannesburg. WUP.
- Klugman, B., Emdon, E., Cock, J. 1984. Child Care and the Working Mother: A Sociological Investigation of a Sample of Urban African Women. Cape Town. **Carnegie Inquiry into Poverty and Development in Southern Africa**.
- Korten, David. 1980. **Community Organisation and Rural Development. A Learning Approach**. The American Society for Public Administration, Washington.

- Levinger, B. 1994. **Nutrition, Health and Education for All.** Education Development Center. New York, UNDP.
- Mazur, R.E., Qangule, V. August. 1995. **Household Dynamics and Mobility of Africans in Cape Town: Appropriate Housing Responses.** Cape Town. Western Cape Community-based Housing Trust.
- McKenzie, J.A. June 1995. **An Investigation into Child Care in the Bushbuckridge District.** Acornhoek. Wits Rural Facility.
- Meyers, Robert. 1992. **The Twelve Who Survive. Strengthening Programmes of Early Childhood Development in the Third World.** London. Routledge.
- National Educare Policy Initiative (NEPI). 1992. **Early Childhood Educare. Cape Town.** Oxford University Press.
- National Institute for Economic Policy (NIEP). 1995. **Children, Poverty and Disparity Reduction: Towards fulfilling the rights of the children of South Africa.** Johannesburg. NIEP.
- Olver, C. 1984. Poverty, health and health care in South Africa. **Carnegie Conference Paper No. 166. University of Cape Town. SALDRU.**
- Padayachie, R., Atmore, E., Biersteker, L., King, R., Matube, J., Naidoo, K., Plaatjes, D., Evans, J. 1994. **Report on the South African Study on Early Childhood Development.** Johannesburg. The Centre for Education Policy Development and The World Bank.
- Patel, L. 1993. **Children and Women in South Africa: A Situation Analysis.** Johannesburg. UNICEF & NCRC.
- Porter, Doug, Bryant Allen and Gaye Thompson. 1991. **Development in Practice: paved with good intentions.** London. Routledge.
- Ramphela, M. 1993. **A Bed called Home.** Life in the Migrant labour hostels of Cape Town. Cape Town. David Philip.
- Ramphela, M. 1990. Participatory Research - the myths and realities. **Social Dynamics (2) 1-1** University of Cape Town.
- Ramphela, M. 1989a. Children and the Politics of Space: A Case Study of Children in the Migrant Hostels of the Western Cape. Paper presented at the Fourth International Workshop on the Ethnography of the Child. University of Zimbabwe, Harare.

- Reynolds, P. 1991. **Dance Civet Cat**. Child Labour in the Zambezi Valley. London. Zed books.
- Reynolds, P. 1993. Paring down the family- the child's point of view in **Children and Families in Distress**: working papers from a seminar held on July 25-26. Pretoria. HSRC.
- Reynolds, P. 1989. **Childhood in Crossroads**. Cognition and Society in South Africa. Cape Town, David Philip.
- Richter, L., Rose, C., Grant, R. 1994. **The Cognitive and Behavioural effects of a School Breakfast Programme**. Final contact report to Kellogg Co of South Africa.
- Roux, I. 1986. The Children of the Surplus People: A Case Study of Elukhanyweni. In Burman & Reynolds (eds). **Growing up in a Divided Society**.
- Sachs, A. 1990. **Protecting Human Rights in a New South Africa**. Cape Town. OUP.
- SALDRU. 1994. **South Africans Rich and Poor: Baseline Household Statistics**. Project for Statistics on Living Standards and Development. University of Cape Town.
- Salole, G. 1995. **Learning to hear with the third ear. Bricolage and its implications for possible new directions for ECD**. Unpublished paper.
- Sanders, D. 1985. **The Struggle for Health**. Medicine and the Politics of Underdevelopment. London. MacCommunity Motivatorillan.
- Scarr, S & Eisenberg, M. 1993. Child Care research Issues, Perspectives and Results. **Annual Review of Psychology**. 44:613-644.
- Scheper-Hughes, N. 1990. Three Propositions For A Critically Applied Medical Anthropology. **Soc. Sci. Med.** Vol 30, No 2 pp 189-197.
- Scheper-Hughes, N. 1990. Three Propositions For A Critically Applied Medical Anthropology. **Soc. Sci. Med.** Vol 30, No 2 pp 189-197.
- Scrimshaw, C.M. and Hurtado, E. 1987. **Rapid Assessment Procedures for Nutrition and Primary Health Care**. Anthropological Approaches to Improving Programme Effectiveness. UCLA Latin American Center Publications University of California, Los Angeles, California.

- Segar,J., White, C. 1992. Family Matters and the State. Politics and Everyday Life. Transformation 20.
- Sharp, J. 1982. Relocation, Labour Migration and the Domestic Predicament: Qua Qua in the 1980's. In J. Eades (ed). **Migrants, Workers, and the Social Order**. ASA Monograph No 26. London and New York. Tavistock.
- Short,A & Biersteker,L. 1984. Evaluation of the effects of the Early Learning Centre Programme with followup through to adolescence. ELC Research Report No 5. Cape Town. Early Learning Resource Unit.
- Singer,M. 1995. Beyond the Ivory Tower: Critical Praxis in Medical Anthropology. Medical Anthropology Quarterly. New Series, Vol 9, no 1, March.
- Solomon,D. March 15 - 21, 1995. Local Government needs power. Article in the Weekly Mail and Guardian.Johannesburg.
- Spiegel, A., Watson, V & Wilkinson,P. 1995. Domestic Diversity and fluidity among some African households in Greater Cape Town. Department of Social Anthropology, University of Cape TownUnpablished paper
- Van Zyl. July 1991. **Report of the Household Survey at Vanguard Squatter Camp**. Bellville. Department of Public Health, Peninsula Technikon..
- Walters,S. 1989. **Continuity and Change in Community Organisations**. CORE Working Paper No. 1.Cape Town. CACE Publications.
- Whisson, M.G. & Manana, C.W. July,1991. Assessing pre-schools: an ethnographic approach (from a South African evaluation). Studies and Evaluation Papers 2.The Hague. Bernard van Leer Foundation.
- Wilson, F & Ramphele, M. 1989. **Uprooting Poverty**. The South African Challenge. Cape Town. David Philip.
- Wood, K. 1995. Preschool Growth Monitoring Survey. Khayalitsha. Cape Town. Department of Health, Cape Tpwn..
- World Health Organisation .1986. **Guidelines for Training Community Health Workers in Nutrition**. England. MaCommunity Motivatorillan.

Young, M.E. May 9,1995. Integrated Early Childhood Development - Challenges and Opportunities.Unpublished paper. World Bank. Population and Nutrition Department. The World Bank.

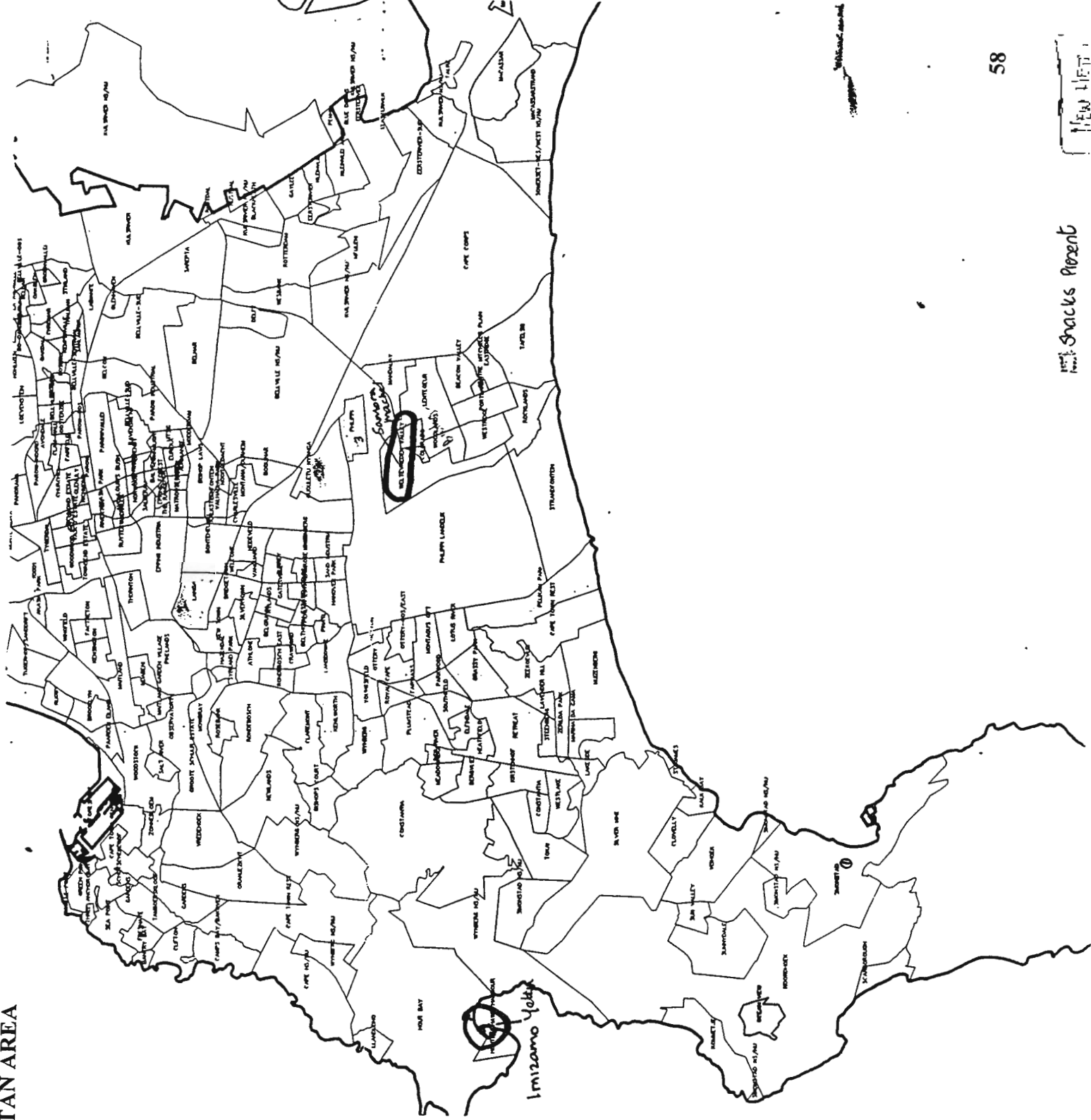
Young, M.E.October 1995. Investing in the Young. Unpublished paper. The World Bank.

9. APPENDICES

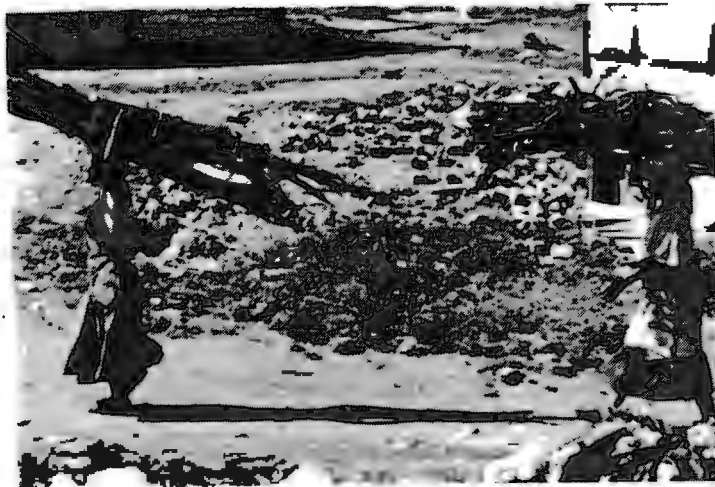
9.1 PLANNER FOR COMMUNITY MOTIVATOR TALKS AT IMIZAMO YETU

DATE	DAY	TITLE OF WORKSHOP	VENUE
16+17/8	Wednesday + Thursday	Babies learn at home and the newborn baby	Hout Bay Clinic(Valley)
23/8/95 24/8	Wednesday + Thursday	How your baby learn about things How must you feed your baby	Clinic Siyazama
30/8+ 31/8	Wednesday + Thursday	Help children to control their behaviour Discipline + issues	Clinic Siyazama
6/9 7/9	Wednesday + Thursday	Helping babies learn to use their hands Nutrition + Pg.62 - 64	Clinic Siyazama
13/9 14/9	Wednesday + Thursday	Hide + seek games ; keeping your baby active Messy play for babies	Clinic Siyazama
20/9 21/9	Wednesday + Thursday	CHILDREN RIGHTS	Clinic Siyazama
21/9 28/9	Wednesday + Thursday	CARE OF CHILDREN - PG.67 - 73	Clinic Siyazama
4/10 5/10	Wednesday + Thursday	Looking at books, Making Music, Workshop on improvise toys	Clinic Siyazama
11/10 12/10	Wednesday + Thursday	Learning at Home - Waterplay. Workshop on improvise toys.	Clinic Siyazama
18/10 19/10	Wednesday + Thursday	Safe environment for your child. Childcare guide for home caregivers Pg.79.	Clinic Siyazama
25/10 26/10	Wednesday + Thursday	Educational Toys. Workshop on improvise toys..	Clinic Siyazama
1+2/11	Wednesday + Thursday	Family Care 93 - 100.	Clinic Siyazama
8-9/11	Wednesday + Thursday	Family's Duties in the Community 101 - 103.	Clinic Siyazama
15-16/1		Finding out about: Things - Nature.	
22-23/11		Education begins at Home.	
29-30/11		Importance of preschool. Homebase Care.	
6-7/12		Evaluation: -Nurses. -Participants.	

MAP OF THE CAPE TOWN METROPOLITAN AREA



Shacks Present



A home visit



Food aid playgroup



Childminding group

COMMUNITY MOTIVATOR PROGRAMME: SAMORA MACHEL



A home visit



Clinic talks



'Orange House' discussion group

COMMUNITY MOTIVATOR PROGRAMME: IMIZAMO YETHU

9.3 QUESTIONNAIRE

PART 1

Informal settlement:

Interviewer:.....

Date of interview:
.....

Time the interview started:
.....

Time completed:
.....

Name of person interviewed:
.....

Definitions:

Adult is a person over 18 years

Child in this study is a person under 9 years.

The focus of this study is the child under 6 years.

PART 1:

Are there any children in this household who are under 9 years old?

If the answer is **no**, then don't go any further.

If the answer is **yes**, then list all the children's names and dates of birth.

.....
.....
.....
.....

A. Adult members of the household:

A1. Who is regarded as the head of the household?

.....

A2. What is the relationship of the child’s mother or primary caregiver to the head of the household?

.....

A3. What is the relationship of the child’s father or mother or primary caregiver to the head of the household?

.....

.....

.....

A4. Household composition and demography - adult inhabitants only

Name & date of birth & age in years	Relation to house-hold head	Sex	Highest level of education completed	Currently enrolled in a course?	Any other training/qualifi-cation?

B. Food security and health of adults:

B1: If a food problem exists for the adults in the household please explain what it is:

.....

.....

B2. Why is this food problem occurring?

.....

B3. In the past 14 days (2 weeks) has any adult in the household been seriously ill or injured enough to seek health care outside this household?

Yes

No

If yes please explain which person(s), the type of illness or accident and whether this is an old or a new problem:

Person's name: Health
problem: Old: New:

B4. Where did this person/s seek and receive help?

.....
Person's name: Health problem: Old: New

Where did this person seek and receive help?

.....

C. Housing and Expenditure on housing:

C1. Describe the type of dwelling :

freestanding shack

Backyard shack

Freestanding shack and nearby shack attached to the household.

Backyard shack and nearby shack attached to the household

C2. Does the household pay rent to live here?

No

Rent

Sublet

C3 How much rent does the household pay, or is the household supposed to pay now?

In a month?

C4 What is the source of water used most often in this household for things like drinking, washing and washing clothes?

Tap in house

Yard tap

Yard tap - shared

Standpipe - outside yard

Other

C5. Do you pay separately for water?

Yes

No

C6. If yes, how much do you pay per month?(Specify if you pay per quarter.)

C7. What kind of toilet does the household use?

Flush toilet

Improved pit latrine with ventilation(VIP)

Other pit latrine

Bucket toilet

Chemical toilet

Bush

Other

C8. Is the household connected to electricity?

Yes

No

C9. How much do you pay for electricity each month?

C10: What is the main source of energy used for cooking, heating water and heating the home?

MAIN SOURCE OF ENERGY FOR:	COOKING	LIGHTING	HEATING WATER	HEATING THE HOME
Wood				
Paraffin				
Charcoal/coal				
Electric heater				
Generator				
Candles				
Gas cylinder				
Gas pipe				
Other(specify)				

D. Income earning activities:

D1: What does the child's father and mother do to obtain income? List the jobs/ activities:

.....

 D2. Is income received from any of the following sources?

Source	Amount	Source	Amount
Govt pension		Rent from lodgers	
Govt disability		Other:	
Govt poor relief			
Govt Welfare grant			

D3. Do you belong to a savings scheme? Yes
 No

What type of savings scheme?

Stokvel

Burial society

Savings club

Bank

Other:

E: Community Conditions:

(Show when the person goes to different people for different kinds of help).

E1. A) Who helped you to find your present job/s?

B) Who helped you to find your present dwelling?

C) Who helped you the most to feel settled when you came here?

D) When you need help with a personal or social problem who do you go to for help?

E) When you need money, who do you go to for help?

Do you:

Rely on this household only?

Other family members?

Friends ?

Neighbours ?

Co-workers?

Employer?

Other?

E2. Do you or any other member of the household belong to any organisation?

Church	Masigdusane
Civic/community	Income earning club
Women	Sports Club
Youth	Health
Old Age	Educational
Trade Union	Other
Social/cultural	
Burial Society	

E3. How would you rate your level of satisfaction with this community?

Very dissatisfied
 Dissatisfied
 Neither satisfied nor dissatisfied
 Satisfied
 Very satisfied

E4. What do you need most to improve your living conditions?

Most important:
 Second:
 Third:

F. Property and Possessions elsewhere:

F1. Does anyone in your household own any property (house,business,land,crops equipment) elsewhere?

If yes, please describe:

Type of property and size	Location	Urban/ rural	Reason for owning this?	Who supervises ?	No of your visits in last 12 months?
Land					
Homestead (Rondavels garden etc)					

Livestock: cattle..., sheep/goats donkeys/ horses/ pigs/ chickens etc					
Crops.....					
Business					
Equipment ?					
Urban house/other ?					

G. Prior residence history of the child/children’s parents:

(If the child/children do not share both parents, make a separate entry)

Child/children’s names:.....
.....

G1: Information about the child/children’s father:

Name of father	Where was he born (mother’s place)	His age and the place of his next residence?	Age and place of his next residence?	Age and place of his present residence?
Location (name)				
Province				
urban/rural?				
Whose house?				
Type of house?				
Year moved there?				
Why moved there?				

G2: Information about the child/children's mother:

Name of mother	Where was she born? (Mothers place)	Her age and the place of her next residence?	Her age and the place of her next residence?	Age and place of present residence?
Location? (name)				
Province				
urban/rural				
Whose house?				
Type of house?				
Year moved there?				
Why moved there?				

G3. What is the marital status of the child's mother?

Child's name	Married and living with child's father	Never married, living with child's father	Divorced from child's father and living with another partner.	S e p a r a t e d	Absent or deceased	Other - specify.

H. Child care arrangements:

H.1. Who is the child's main caregiver?

Child's name & age	Mother	Father	Grandmother/ grandfather of mother or father	Relative- (traditional terms)	Other/ specify

H.2. Daily Programme : Mother or Child's main adult caregiver

What time do you get up in the morning?

What time do you go to sleep?

What do you do during the day? (Give approximate times)

Hours	Household activity	Child care activity	Activity	Activity	Activity	Activity
5 - 7 am						
7 - 9 am						
9 - 12 am						
12 - 4pm						
4 - 8pm						

Who helps you to get some of these things done?

Do you leave the house to do some of these things?

What time do your children get up?

What time do your children go to sleep?

What part of the day do you enjoy most?

I. Information about the children:

I.1. Information about all children in the dwelling up to 9 years. These are the children who live in the dwelling at least 15 days of the past year and share food from a common source and benefit from or contribute to a common resource pool for basic needs.

Name of child									
Age									
Sex									
Parents names									
Where was the child born?									
Relationship to household head									

I.2. Children under 9 years living elsewhere.

Name of child									
Age									
Sex									

Parents names									
Relationship to head of household?									
Where was the child born?									
For how long did the child live with the birth mother?									
At what age did the child go away?									
Where did the child go to live from ? months - ? years?									
Who did the child live with ? months - ? years?									
Why did the child go away?									
What contact is kept with the child?									

I.3 Who usually looks after the child in this home in the morning/afternoon/night? Identify the person in terms of their relationship to the child, using traditional terms.

Name of child						
Age						

Morning						
Afternoon						
Night						

I.4 Where(place) does the child usually spend the morning/afternoon/night/ weekend?

Name of child						
Age						
Morning						
Afternoon						
Night						
Weekend						

I.5 Where does the child usually spend the morning/afternoon/night in the school holidays?

Name of child						
Age						
Morning						
After-noon						
Night						

I.6 If a sibling looks after the child (or children), what is the sibling’s age and sex?

Name of sibling				
Sex				
Age				

I.7 Is any person paid to look after the child/children? Specify in terms of relationship to the child, using traditional terms.

Yes

No

Person:

How much is this person paid per month?

.....

If the child or children go to the creche how much do you pay per child per month?

.....
.....

I.8 Who is the main caregiver/caregivers?

Who usually cooks for the child?

Identify this person in terms of their relationship to the child, using traditional terms.

Name of child				
Child's Age				
Name of cook				

Who usually feeds the child?

Name of child				
Child's Age				
Name of feeder				

Who usually washes the child?

Name of child				
Age of child				

Name of bather				
-------------------	--	--	--	--

Who usually watches/looks after the child?

Name of child				
Age of child				
Name of care				

1.9 Who does the child play* with?

Identify the person or people in terms of their relationship to the child using traditional terms.

Name of child				
Age of child				
Name or player or players				

* Play means activities and games that someone does with the child for the child’s enjoyment and learning.

What kinds of things does the child play with?

Name and age of child	Dolls. How are they used?	Pieces of wood. How are they used.	Stones and sticks. How are they used?	Sand and water. How are they used?	Pictures and books. How are they used?	Crayons / pencils and paper How are they used?

I.10 What tasks is the child expected to do for him or herself?

Prompt with the activities listed below.

Child's name & age	Wash self	Wash clothes	Feed self	Dress self	Other/ specify	Other/ specify

What tasks is the child expected to do in the household. Prompt with the activities listed below.

Name & age of child	Clean house	Cook	Fetch water	Wash dishes	Care for other children	Other/ specify

I.11 Who usually pays for the child's food and clothes?

Identify this person in terms of their relationship to the child, using traditional terms.

Name of child						
Child's age						
Payer of food						
Payer of clothes						

Who pays for the child to be looked after at the childminder or the Creche?

Identify in terms of person’s relationship to the child, using traditional terms.(For the child or children under 9 years).

Name of child						
Age of child						
Payer of fees						

Who pays for the child’s school fees and books?

Identify in terms of the person’s relationship to the child, using traditional terms.

Name of child						
Age of child						
Payer of fees and books.						

J. Child rearing Practices and Values:

J.1 People have different ideas about what they would like their children to be like.

What is important for your children?

* always listen to adults?

.....

.....

* show concern for the problems of others?

.....

.....

* do whatever their parents or other adults request?

.....
.....

* stand up for their own ideas of what is right?

.....
.....

J.2 Some parents feel that they cannot do anything to shape the way that their children grow up and become adults. Other people feel that the way they bring up their children will make a big difference to the kind of people that they become as adults. How do you feel about this?

.....
.....

When your under 2 - 6 year old disobeys you what do you do?

.....

What do you do if your 7 - 9 year old disobeys you?

.....
.....

J.3 Some parents feel that they should raise their children the way that they were raised. Others feel that they should listen to new/modern ideas. How do you feel about this?

.....
.....
.....

J.4. What do you fear for your child/children being raised in the city?

.....
.....

And if the child/children are being raised in the village/country?

.....
.....
.....

What do you think is good about raising your children in the city?

.....
.....

And in the village?.....

J.5 Has there been any change in the way in child care and education since you were a child?

.....
.....

How would you like to change the way that your child/children are looked after at the present time?

.....
.....

K. Do you know a disabled child in the community?:

If yes, what is the disability?

.....
.....

What is the attitude of other people towards this child and the child's family?

.....
.....

What is your attitude towards this child?

.....
.....

What do you think should be done for disabled children in the community?

.....
.....

L.Traditional practices around children:

Do you observe any customs around the child's development and when (time) in the child's life are these traditions observed , e.g. naming the child, ingquiti (cutting of the finger), imbeleko etc? Give details.

.....
.....
.....

M. General concerns about children:

If the children of the homestead need to call someone in an emergency*, who do they call? Identify this person/s in terms of their relationship to the household, using traditional terms.

.....

If the person who usually looks after the children cannot do so, who will look after the children? Identify this person/s in terms of their relationship to the household, using traditional terms.

.....

Are you satisfied with the child care that you have at present?(for the child/children that are with you **and** for the child/children who are living elsewhere).

Yes

No

If you are dissatisfied, what are you dissatisfied with?

.....

If you are dissatisfied, how will you change the situation and get better child care for your child/children?

.....

PART 2: COMMUNITY MOTIVATOR

Have you heard about the work of the Community Motivator in Imizamo Yethu?

Yes

No

If yes, where did you hear about her work?

.....

What does she do?

.....

.....

.....

Do you attend the Orange House group?

Yes

No

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

No

.....

.....

.....

.....

.....

No

.....

.....

.....

.....

Yes

Explain why you said yes:

.....

.....

no.....

.....

.....

Yes

Explain why if you said yes:

.....

.....

.....

.....

.....

Yes

81

.....

.....

.....

.....

.....

.....

.....

.....

.....

No

.....

.....

.....

.....

.....

.....